



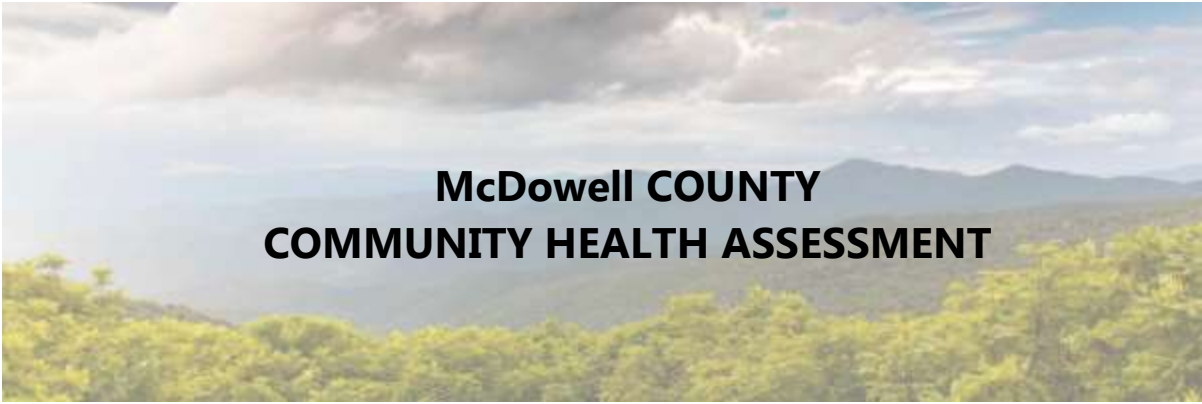
2018

**McDowell County
Community Health
Assessment**



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Written by Yanet Cisneros for the Rutherford-Polk-McDowell Health District
04/02/2019





ACKNOWLEDGEMENTS

This document was developed by the Rutherford-Polk-McDowell Health District in partnership with Mission Hospital McDowell and McDowell County Health Coalition as part of a local community health (needs) assessment process. We would like to thank and acknowledge several agencies and individuals for their contributions and support in conducting this health assessment:

Name	Agency	Role/ Contribution	Duration of Participant	Agency Website
Megan Merritt	Corpening Memorial YMCA	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	http://ymcawnc.org
Zach Wallace	McDowell County Health Coalition	Prioritization	Winter 2019	https://www.mcdowellhealthcoalition.org
Carol Wolfenbarger	Mission Hospital McDowell	Prioritization	Winter 2019	https://missionhealth.org/member-hospitals/mcdowell/
Philip Long	Mission Hospital McDowell	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	https://missionhealth.org/member-hospitals/mcdowell/
Kimberly Freeman	Rutherford Regional Health System	Member of CHA Advisory Committee & Data Analysis	Fall 2018 - Winter 2019	https://missionhealth.org/member-hospitals/mcdowell/
Susan Cannon	Mission Hospital McDowell	Data Analysis	Winter 2019	https://missionhealth.org/member-hospitals/mcdowell/
Mike Conley	McDowell News	Newspaper Coverage	Winter 2019	https://mcdowellnews.com

Our community health assessment process and products were supported collaboratively by **WNC Healthy Impact**, a partnership between hospitals and health departments to improve community health in western North Carolina. This innovative regional effort is coordinated, housed and financially supported by **WNC Health Network**, the alliance of western NC hospitals working together to improve health and healthcare. Learn more at www.WNCHN.org.



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McDowell COUNTY 2018 COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

Community Results Statement

Healthy, happy and active people in McDowell County.

*Healthy, Happy and
Active People in
McDowell County*

Leadership for the Community Health Assessment Process

Every 3 years the Rutherford-Polk-McDowell Health District (RPMHD) in partnership with WNC Healthy Impact conducts a Community Health Assessment (CHA). The assessment describes the health status of the community and enables community leaders to monitor health trends, determine priorities among health issues, and establish the availability of resources within the county to protect, promote and improve the community’s health. The CHA provides direction for the planning of disease prevention and health promotion services and activities.

Name	Agency	Title	Agency Website
Yanet Cisneros	Rutherford-Polk-McDowell Health District	Health Educator/Healthy Communities Coordinator	http://www.rpmhd.org
Meghan Merritt	Corpening Memorial YMCA	Executive Director	http://ymcawnc.org
Carol Wolfenbarger	Mission Hospital McDowell	President	https://missionhealth.org/member-hospitals/mcdowell/
Philip Long	Mission Hospital McDowell	Community Connections Manager	https://missionhealth.org/member-hospitals/mcdowell/
Zach Wallace	McDowell County Health Coalition	Executive Director	https://www.mcdowellhealthcoalition.org

Partnerships

Many key partners participated in this process. All entities and organizations provided great insight and expertise. Team members worked together and independently to gather and analyze primary and secondary data. Contributing viewpoints also included secondary data such as demographics, socioeconomics, health and environmental health indicators.

Name	Agency	Title	Agency Website
Bob Boyette	City of Marion	City Manager	http://marionnc.org/Marion/pages/
Ricky Buchanan	McDowell Sheriff’s Department	Sheriff	http://www.mcdowellsheriff.com/

Steve Bush	Chamber of Commerce	Executive Director	https://www.mcdowellchamber.com/
Emily Roberts	Healthy Eating Active Living Catalyst	Catalyst Coordinator	http://www.foundationhli.org
Marlan Brinkley	McDowell County Library	Director	http://www.mcdowellpubliclibrary.org/
Mark Garrett	McDowell County Schools	Superintendent	https://mcdowell.k12.nc.us/
Lisa Sprouse	Department of Social Services	Director	http://www.mcdowellcountyncdss.org/
Ray McKesson	McDowell Endowment	Chair	https://www.cfwnc.org/AffiliateFunds/TheMcDowellEndowment.aspx
Sharon Parker	Sharon L. Parker, PA Attorney at Law	Attorney	https://www.sharonlparker.com/
Dawna Ledbetter	Senior Center	Outreach Coordinator	http://www.mcdowellseniorcenter.org/
Molly Sandfoss	NC Cooperative Extension	Director	https://mcdowell.ces.ncsu.edu/
Tyler Young	McDowell County Schools	Student Representative	https://mcdowell.k12.nc.us/
Dr. Beverly Watts	McDowell Technical Community College	Director of Developmental Studies and Quality Enhancement	https://www.mcdowelltech.edu/
Valerie Dobson	McDowell Technical Community College	Department Chair, Health Sciences & Coordinator, Health Information Technology Program	https://www.mcdowelltech.edu/
Ashley Wooten	McDowell County	County Manager	https://www.mcdowellgov.com/
Brian Shuping	Vaya Health	County Relations Representative	https://www.vayahealth.com/
Carla Lopez Cervantez	McDowell Technical Community College	Student Representative	https://www.mcdowelltech.edu/
Kitty Wilson	East Marion Forum	Coordinator	https://www.facebook.com/MarionEastCommunityForum/
Paula Avery	West Marion Forum	Coordinator	http://westmarion.org/
Adrienne Jones	McDowell EMS	Captain	http://www.mcdowelllem.com/
Randall Conley	McDowell Transportation	Director	https://www.mcdowellgov.com

Steve McMahan	WestRock	Controller	https://www.westrock.com/en
Mike Conley	McDowell News	Reporter	https://mcdowellnews.com

Regional/Contracted Services

Our county received support from **WNC Healthy Impact**, a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact. This innovative regional effort is coordinated and supported by **WNC Health Network**. WNC Health Network is the alliance of hospitals working together to improve health and healthcare in western North Carolina. Learn more at www.WNCHN.org.

Theoretical Framework/Model

WNC Health Network provides local hospitals and public health agencies with tools and support to collect, visualize, and respond to complex community health data through Results-Based Accountability™ (RBA). RBA is a disciplined, common-sense approach to thinking and acting with a focus on how people, agencies, and communities are better off for our efforts.

Through WNC Healthy Impact, all hospitals and their public health partners can access tailored Results-Based Accountability training and coaching; scorecard licenses and development (including the electronic Hospital Implementation Strategy); and scorecard training and technical assistance.

Collaborative Process Summary

McDowell’s collaborative process is supported by WNC Healthy Impact, which works at the regional level.

Locally, our process begins with the collection of data that is completed through a partnership with WNC Healthy Impact to conduct this assessment from January 2018 through December 2018. In working with WNC Healthy Impact, the CHA Advisory Committee had the opportunity to assist with collecting primary data, which included telephone surveys of 200 residents and 20 key informant surveys completed by community key leaders. Team members also accessed the WNC Healthy Impact Secondary Data Workbook including a comprehensive set of secondary data from the NC State Center for Health Statistics, US Census Bureau, CDC’s Behavioral Risk Factor Surveillance System, and other sources, and maps from Community Commons. All collected data, which is not only specific to the health status of McDowell County, but also demonstrates how it relates to the Western North Carolina region, was then analyzed and prioritized with the input of a preliminary data team. This initial data team, which is composed of several community partners, chose the top 4 health priorities utilizing a prioritization process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. The top four health priorities and data were then presented to the McDowell County Health Coalition and with the input of the diverse members present, these were narrowed down to the top two health priorities again utilizing a process based on the Rating/Ranking Key Health Issues (Health Resources in Action) worksheet. These two Health priorities were selected for the community to focus efforts on, aiming to create collective impact over the next three years.

Phase 1 of the collaborative process began in January 2018 with the collection of community health data. For more details on this process see Chapter 1 – Community Health Assessment Process.

Key Findings

In 2017 the total population of McDowell County was 46,171 (NC Office of State Budget and Management, 2018). The majority of residents are White (92.8%) with minorities represented as follows: Black or African American (3.9%), Hispanic or Latino (7.0%), Asian and Pacific Islander (0.9%), and American Indian/Alaska Native (1.0%) (NC Office of State Budget and Management, 2018). Additionally, the population for McDowell County is expected to change at a rate of 1.2%

from 2020 to 2030 with a projected population total of 46,791 in 2030. (U.S. Census Bureau, 2018).

In 2015 the Health Priorities included: Tobacco Use, Built Environment and Active Living, and Substance Abuse. Throughout the last several years, the community has placed great effort in each priority area making progress and identifying areas that still need attention. First, cancer surpassed diseases of the heart (in 2015) as the number 1 leading cause of death in McDowell County in 2018 (North Carolina State Center for Health Statistics, 2018). Further, the percentage of current smokers continues to decrease from 29.6% in 2015 to 21.9% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Secondhand smoke exposure at worksites significantly decreased from 27.7% in 2015 to 14.0% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Lastly, many local leaders feel it is important to continue to increase access to substance abuse services as the rate of unintentional poisoning mortality increased from 39.6 in 2011-2015 to 43.3 in 2012-2016 (North Carolina State Center for Health Statistics, 2018).

Other findings to note include that 69.3% of McDowell County adults are overweight or obese in 2018 and 33.6% of McDowell County adults have self-reported that they do not engage in leisure-time physical activity (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Also, childhood poverty although slightly decreased from 31.2% in 2011-2015 to 29.8% in 2012-2016 continues to be a challenge in McDowell County and is still higher than the total poverty of 20.0% in 2012-2016 (U.S. Census Bureau, 2018).

Health Priorities

- **Mental Health and Suicide Prevention**
- **Substance Abuse Including Tobacco**

Next Steps

RPMHD has shared the CHA findings with the Health Coalition and members of Mission Hospital McDowell. An electronic copy will be made available on the RPMHD website at rpmhd.org and printed copies will be made available at the Health Department, the local library, and printed upon request.

A community forum was held on December 12, 2018 in conjunction with the McDowell Health Coalition annual meeting. CHA data was reviewed, and evidence-based strategies were explored to address the two chosen health priority areas. Findings from the CHA and input gathered during the forum will influence strategic planning across the community including the development of the Community Health Improvement Plan.

In partnership with community leaders and existing work groups, RPMHD will support planning and taking action around the health priorities. We will better understand the story and root causes behind the priority issues and will engage with existing and new partners to help improve these issues and move the needle in the right direction towards the common goal of making McDowell County a healthier place to live, work, and play.



Purpose

Community health assessment (CHA) is an important part of improving and promoting the health of county residents. A community health assessment (CHA) – which is a process that results in a public report – describes the current health indicators and status of the community, what has changed, and what still needs to change to reach a community’s desired health-related results.

What are the key phases of the Community Health Improvement Process?

In the **first phase** of the cycle, process leaders for the CHA collect and analyze community data – deciding what data they need and making sense of it. They then decide what is most important to act on by clarifying the desired conditions of wellbeing for their population and by then determining local health priorities.

The **second phase** of the cycle is community health strategic planning. In this phase, process leaders work with partners to understand the root causes of the identified health priorities, both what’s helping and what’s hurting the issues. Together, they make a plan about what works to do better, form workgroups around each strategic area, clarify customers, and determine how they will know people are better-off because of their efforts.

In the **third phase** of the cycle, process leaders for the CHA take action and evaluate health improvement efforts. They do this by planning how to achieve customer results and putting the plan into action. Workgroups continue to meet and monitor customer results and make changes to the plan as needed. This phase is vital to helping work groups understand the contribution their efforts are making toward their desired community results.



Definition of Community

Community is defined as "county" for the purposes of the North Carolina Community Health Assessment Process. McDowell county is included in Mission Hospital McDowell’s community for the purposes of community health improvement, and as such they were key partner in this local level assessment.

WNC Healthy Impact

WNC Healthy Impact is a partnership and coordinated process between hospitals, public health agencies, and key regional partners in western North Carolina working towards a vision of improved community health. We work together locally and regionally to assess health needs, develop collaborative plans, take action, and evaluate progress and impact.

This regional initiative is designed to support and enhance local efforts by:

- Standardizing and conducting data collection,
- Creating communication and report templates and tools,
- Encouraging collaboration,
- Providing training and technical assistance,

- Addressing regional priorities, and
- Sharing evidence-based and promising practices.

This innovative regional effort is supported by financial and in-kind contributions from hospitals, public health agencies, and partners, and is coordinated by **WNC Health Network**. WNC Health Network, Inc. is an alliance of hospitals working together, and with partners, to improve health and healthcare. Learn more at www.WNCHN.org.



Data Collection

The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment, we share a general overview of health and influencing factors, then focus more on priority health issues identified through a collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Core Dataset Collection

The data reviewed as part of our community's health assessment came from the WNC Healthy Impact regional core set of data and additional local data compiled and reviewed by our local CHA team. WNC Healthy Impact's core regional dataset includes secondary (existing) and primary (newly collected) data compiled to reflect a comprehensive look at health. The following data set elements and collection are supported by WNC Healthy Impact data consulting team, a survey vendor, and partner data needs and input:

- A comprehensive set of publicly available secondary data metrics with our county compared to the sixteen county WNC region
- Set of maps accessed from Community Commons and NC Center for Health Statistics
- WNC Healthy Impact Community Health Survey (cell phone, landline and internet-based survey) of a random sample of adults in the county
- Online key informant survey

See **Appendix A** for details on the regional data collection methodology.

Health Resources Inventory

We conducted an inventory of available resources of our community by reviewing a subset of existing resources currently listed in the 2-1-1 database for our county as well as working with partners to include additional information. Where gaps were identified, we partnered with 2-1-1 to fill in or update this information when applicable. See **Chapter 7** for more details related to this process.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in several ways:

- Partnership on conducting the health assessment process
- Through primary data collection efforts (survey, key informant interviews)
- By reviewing and making sense of the data to better understand the story behind the numbers
- In the identification and prioritization of health issues

In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health

issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

At-Risk & Vulnerable Populations

Throughout our community health assessment process, our team was focused on understanding general health status and related factors for the entire population of our county as well as the groups particularly at risk for health disparities or adverse health outcomes. For the purposes of the overall community health assessment, we aimed to understand differences in health outcomes, correlated variables, and access, particularly among medically underserved, low-income, and/or minority populations, and others experiencing health disparities.

The at-risk and vulnerable populations of focus for our process and product include:

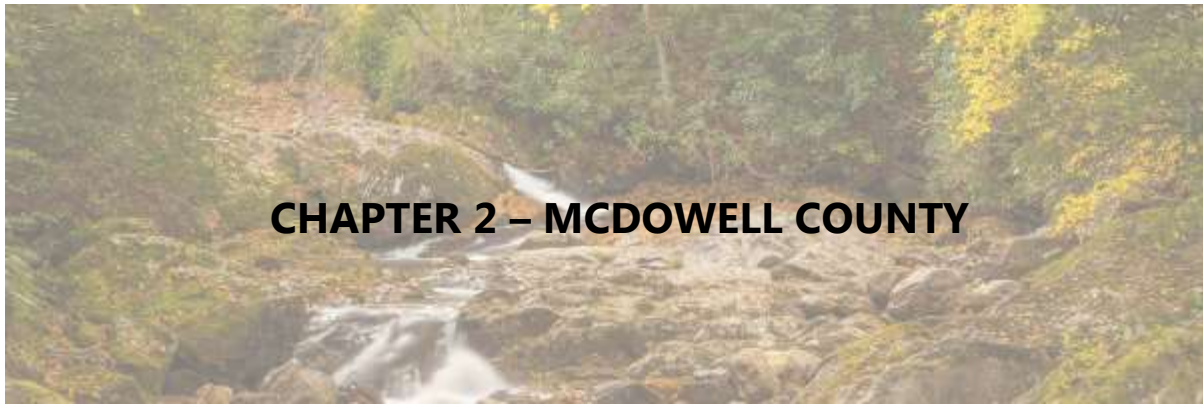
- Low-income
- Minority
- Un-insured or under-insured
- Current smokers and/or who abuse substances
- Those who are sedentary and who are obese/overweight
- Those experiencing health disparities
- The elderly
- Children
- The disabled

Though there are not universally accepted definitions of the three groups, here are some basic definitions from the Health Department Accreditation Self-Assessment Instrument (in some cases definitions have been slightly altered to better represent our region):

Underserved populations relate to those who do not access health care either because there is a lack of services or providers available or because of limitations such as income, literacy/language barriers or understanding on how to access services, cultural competency of clinicians, trust, transportation, etc.

At-risk populations are the members of a particular group who are likely to, or have the potential to, get a specified health condition. This could be from engaging in behavior (such as pregnant women who smoke) that could cause a specified health condition, having an indicator or precursor (high blood pressure) that could lead to a specified health condition or having a high ACE score (traumatic experiences), which is correlated with increased risk of specified health conditions.

A vulnerable population is one that may be more susceptible than the general population to risk factors that lead to poor health outcomes. Vulnerable populations, a type of at-risk population, can be classified by such factors as race/ethnicity, socio-economic status, cultural factors and age groups.



CHAPTER 2 – MCDOWELL COUNTY

Location, Geography, and History of McDowell

Location & Geography

Geologically, McDowell is located within the southern Appalachian Mountains region. The Blue Ridge Parkway follows the northwestern boundary of the county. Its highest point is Pinnacle in the Blue Ridge, 5,665 feet above sea level, also considered the southernmost tip of the Black Mountains, the highest ridge in eastern America. Much of the county lies in the Foothills regions of Western North Carolina.

McDowell County consists of 442 square miles with 75 percent of this area forested; 67 acres of which is Pisgah National Forest lands. McDowell County is approximately 30 minutes east of Asheville and 35 minutes west of Hickory via Interstate 40. The county is divided into eleven townships. Numerous small creeks and streams flow through the county. The Catawba River crosses the county and empties into Lake James.

McDowell County is home to many magnificent treasures such as Grandfather Mountain, Emerald Village, Linville Caverns, and Linville Gorge. There are also numerous gem mines, historic museums, and hiking/biking trails. Greenways have been steadily expanding throughout McDowell county in recent years.

The McDowell County Recreation Department operates several facilities throughout the county, including the main facility in Marion, which features a gymnasium, outdoor swimming pool, and the county's only skate park. In addition, the Department maintains ballfields throughout the county and an additional outdoor pool in Old Fort. The Corpening Memorial YMCA is the local branch of the YMCA of Western North Carolina and features an indoor swimming pool, gymnasium, fitness center, youth programs and adult fitness classes.

History

McDowell County was formally organized in 1842 from parts of Burke County and Rutherford County at the home of Colonel John Carson. It was named for Joseph McDowell, a Revolutionary war leader and hero of the Battle of King's Mountain, and a member of the United States House of Representatives from 1797 to 1799.

Marion, the county seat of McDowell County, was planned and built on land selected by the first McDowell County Commissioners on March 14, 1844 at the Historic Carson House.

Unfortunately, in 1894, a devastating fire occurred that destroyed nearly everything in downtown Marion. At the time there was no fire department in the town so many citizens had to gather together in bucket lines, saving several historic homes in McDowell County. Many of the houses still stand in Marion and some of the structures are listed as historically significant structures in the McDowell County cultural institution, Main Street Historic District. The town was slowly restored over the next several years.

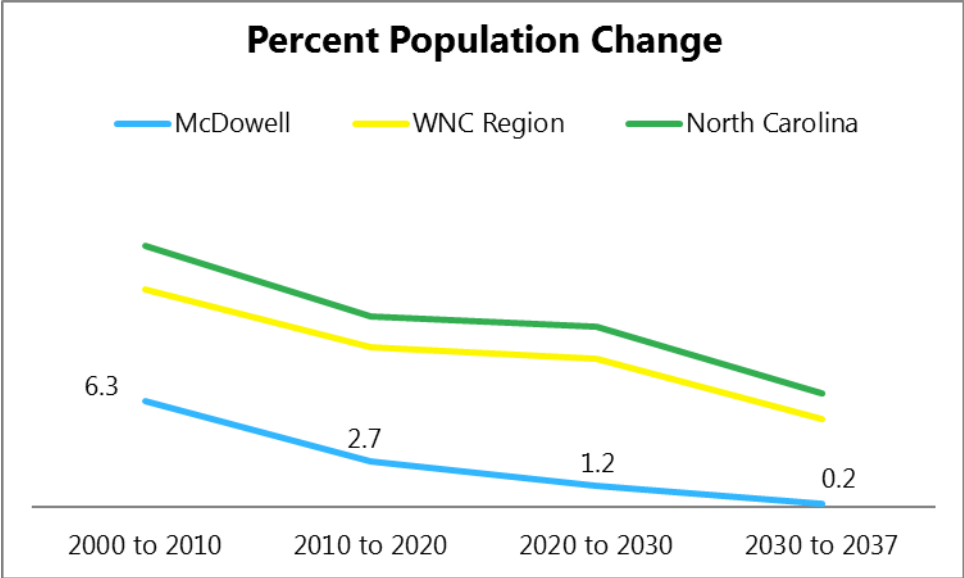
During the Carolina Gold Rush period of the early 19th century, the south county area was known for its gold production. Following the gold rush period, manufacturing plants began to spring up

in McDowell County offering employment to many. In 1929, Union strikes faced strong opposition from plant management and local law enforcement. Workplace violence led to difficult employee relations at local Marion manufacturing plants.

Population

Understanding the growth patterns and age, gender and racial/ethnic distribution of the population in McDowell County will be keys in planning the allocation of health care resources for the county in both the near and long term.

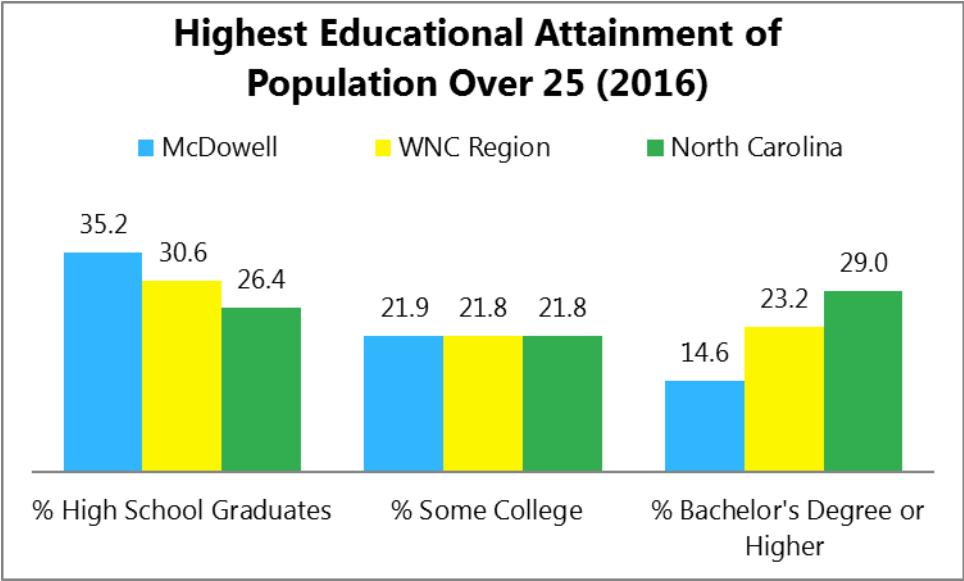
In 2017 the total population of McDowell County was 46,171 (NC Office of State Budget and Management, 2018). The majority of residents are White (92.8%) with minorities represented as follows: Black or African American (3.9%), Hispanic or Latino (7.0%), Asian and Pacific Islander (0.9%), and American Indian/Alaska Native (1.0%) (NC Office of State Budget and Management, 2018). Additionally, the population for McDowell County is expected to change at a rate of only 1.2% from 2020 to 2030 with a projected population total of 46,791 in 2030. (NC Office of State Budget Management, 2018).



Source: NC Office of State Budget Management

The median age in McDowell County is 43.1 while the median age in the region is 45.9 and 38.3 in the state (U.S. Census Bureau, 2018). It is projected that in 2037, 25.8% of the population will be 65 years and older (North Carolina Office of State Budget and Management, 2018). Meanwhile, the birth rate trend has remained steady over the last several years at a rate of 10.2 since the time period 2010-2014.

Furthermore, among the total population age 25 and older, McDowell County has a 35.2% High School Graduation rate, 21.9 % some college with no degree and 14.6% who have a bachelor’s degree or higher (U.S. Census Bureau, 2018). The high school graduation rate is higher than that of the state (26.4%) and the region (30.6%) and the percentages of some college and bachelor’s degree or higher are fairly in line with and lower than the state and region respectively. Lastly, 5.8% of McDowell County households are non-English speaking (U.S. Census Bureau, 2018).



Source: U.S. Census Bureau

CHAPTER 3 – A HEALTHY MCDOWELL COUNTY

Elements of a Healthy Community

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues, as well as the likelihood that collaborative effort could make a positive change for these issues.

When key informants were asked to describe what elements they felt contributed to a health community in our county, they reported:

- Recreational/Outdoor Activities
- Access to Healthy Foods/Healthy Eating
- Access to Mental Health Care
- Employment

During our collaborative planning efforts and next steps, we will further explore these concepts and the results our community has in mind.

“Collaboration and Communication” are contributing to progress in the community.

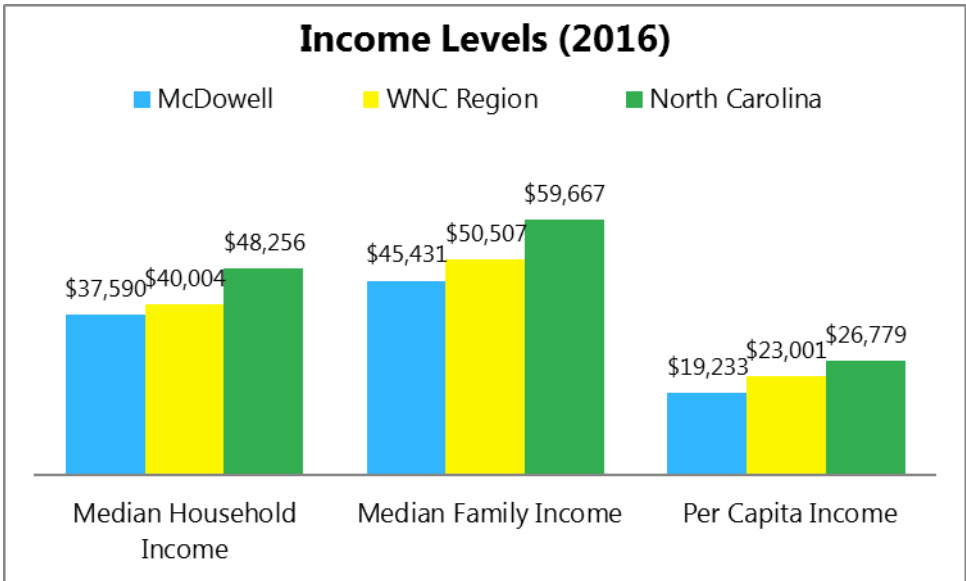
- Community Leader



As described by [Healthy People 2020](#), economic stability, education, health and healthcare, neighborhood and built environment, and social community and context are five important domains of social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus on health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties in paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations.

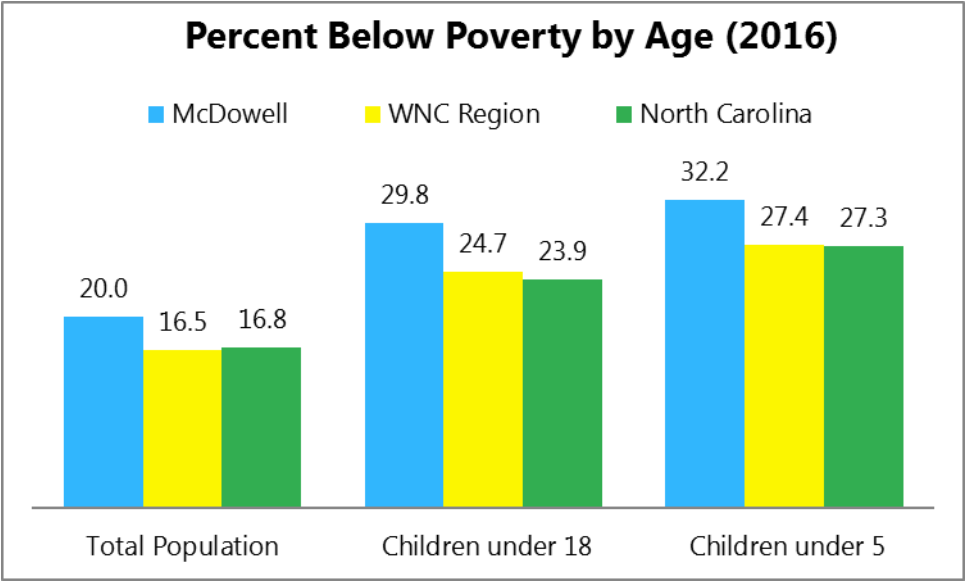
Income & Poverty

“Income provides economic resources that shape choices about housing, education, child care, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health” (County Health Rankings, 2018).



Source: U.S. Census Bureau

- Median household income is \$37,590
- Median family income is \$45,431
- Per capita income is \$19,233
- 20.0% of the total population is below poverty level. This is higher than both the WNC region (16.5%) and the state (16.8%)



Source: U.S. Census Bureau

- 32.2% of children under 5 and 29.8% of children under 18 are below poverty level
- The largest population below poverty by race is Black/African American at 43.5% followed by Hispanic at 38.2%, then American Indian or Alaska Native at 19.1%, then White at 18.2%, and lastly Asian at 7.2%.
- As of January 2018, there were 4,187 cases under Food and Nutrition Services with 9,020 participants. Of these, the majority of participants are white at 8,322 followed by Hispanic at 893, then African American at 435, and lastly other races with 263.

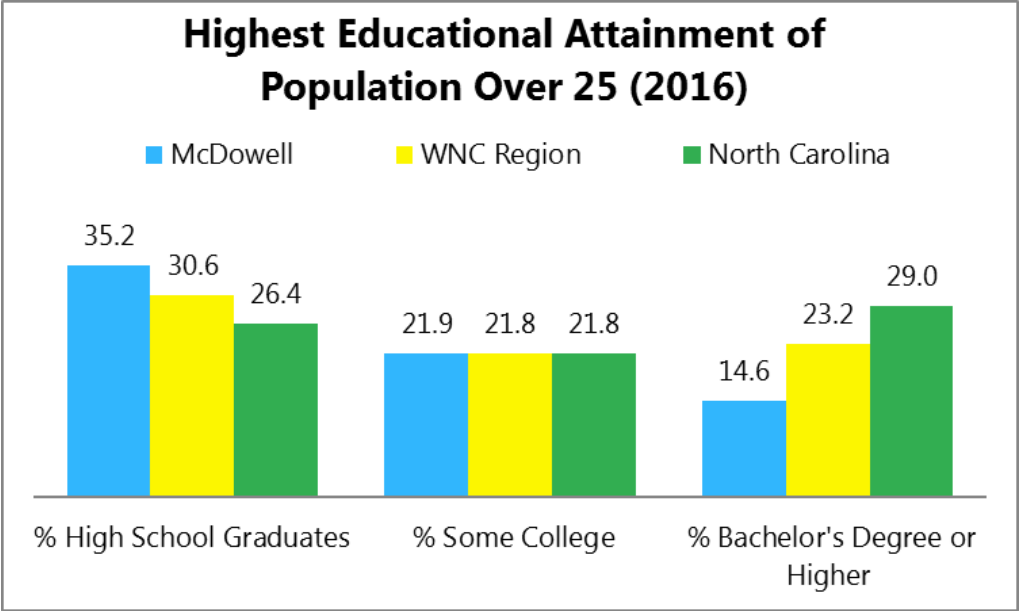
Employment

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities” (County Health Rankings, 2018).

- The 2018 Annual Summary indicates that in McDowell County the largest employment sector is manufacturing with an employment percentage of 42.91% and weekly wage of \$864.67. This is followed by 12.94% in retail trade with a weekly wage of \$496.41 and finally 10.08% in health care and social assistance with a weekly wage of \$591.02.
- The unemployment annual average, unadjusted rate in 2017 was 4.1.

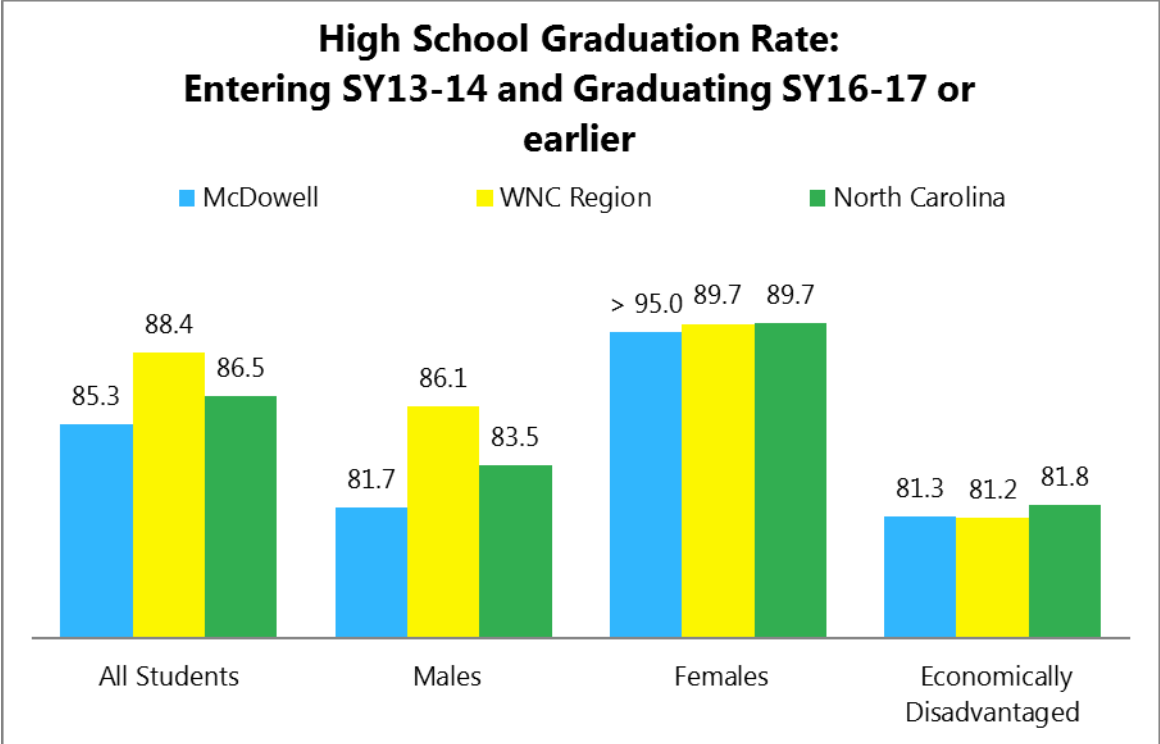
Education

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” (County Health Rankings, 2018).



Source: U.S. Census Bureau

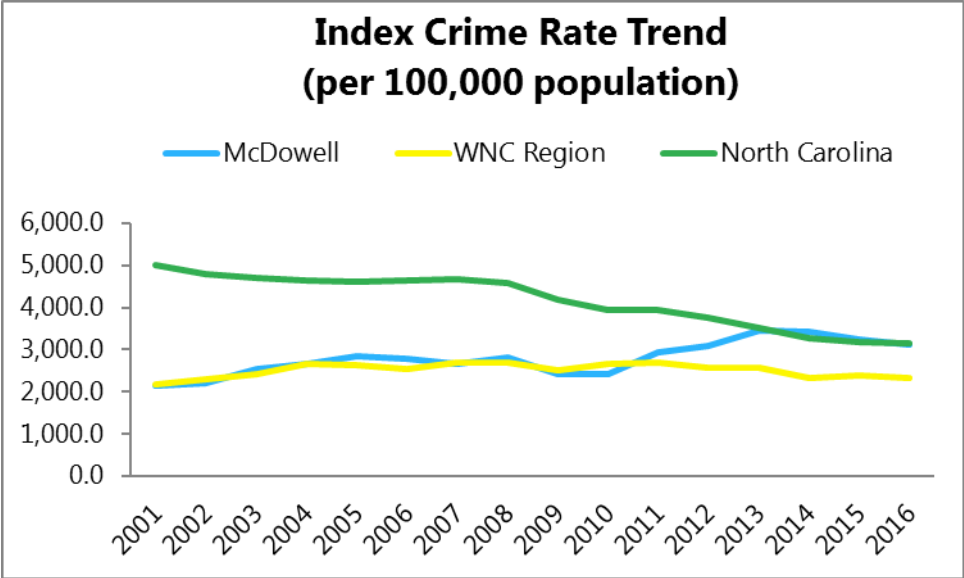
- Among the total population age 25 and older, McDowell County has a 35.2% High School Graduation rate, 21.9% some college with no degree and 14.6% who have a bachelor’s degree or higher.
- There were 6,360 school district enrollments at the end of the 2016-2017 school year.
- The high school drop-out rate for McDowell County, SY 2016-2017, is 2.71 and the High School Graduation rate is 85.3% for a 4-year cohort of 9th graders entering school in the SY 2013-2014 and graduating in SY 2016-2017 or earlier.



Source: Public Schools of North Carolina

Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways” (County Health Rankings, 2018).

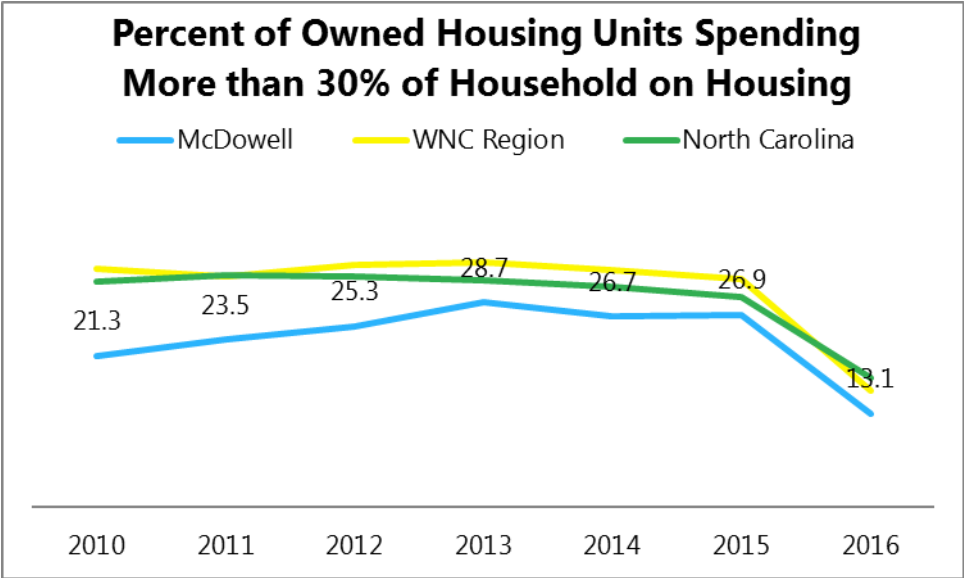


Source: NC Department of Justice

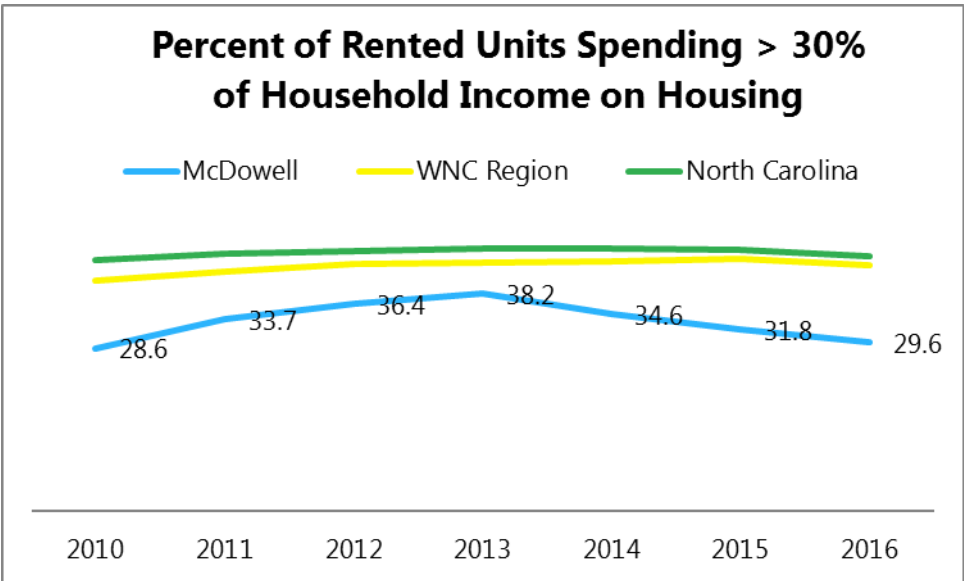
- Index crime is the sum of all violent and property crime. The index crime rate in McDowell County reached its peak in 2013 and surpassed that of both the comparable regional and state rates in 2014 and 2015. Fortunately, although still higher than the comparable region rate, McDowell County’s rate decreased in 2016.

Housing

“The housing options and transit systems that shape our community’s built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health” (County Health Rankings, 2018).



Source: U.S. Census Bureau



Source: U.S. Census Bureau

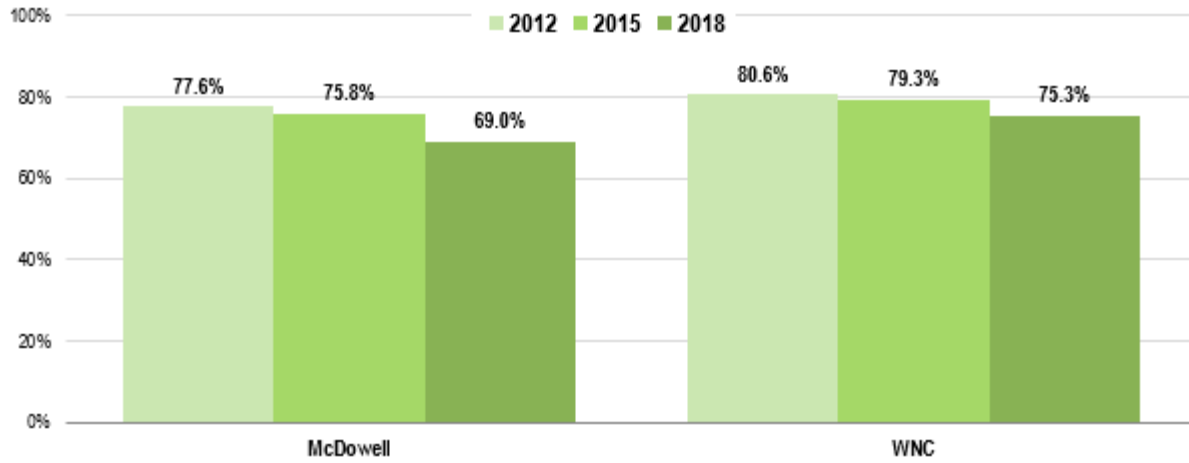
- One measure of economic burden in a community is the percent of housing units spending more than 30% of household income on housing (rented and owned units). In McDowell County, 13.1% of housing units spend more than 30% of household income on owned units and 29.6% on rented units. Both rates are lower than the state and region rates.
- Median gross rent is \$591 and median monthly owner costs is \$904 during the 2012-2016 time period.

Family & Social Support

“People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social capital provide residents with greater access to support and resources than those with less social capital” (County Health Rankings, 2018).

- In 2018, 69.0% of McDowell County adults self-report to “Always/Usually” get needed social/emotional support

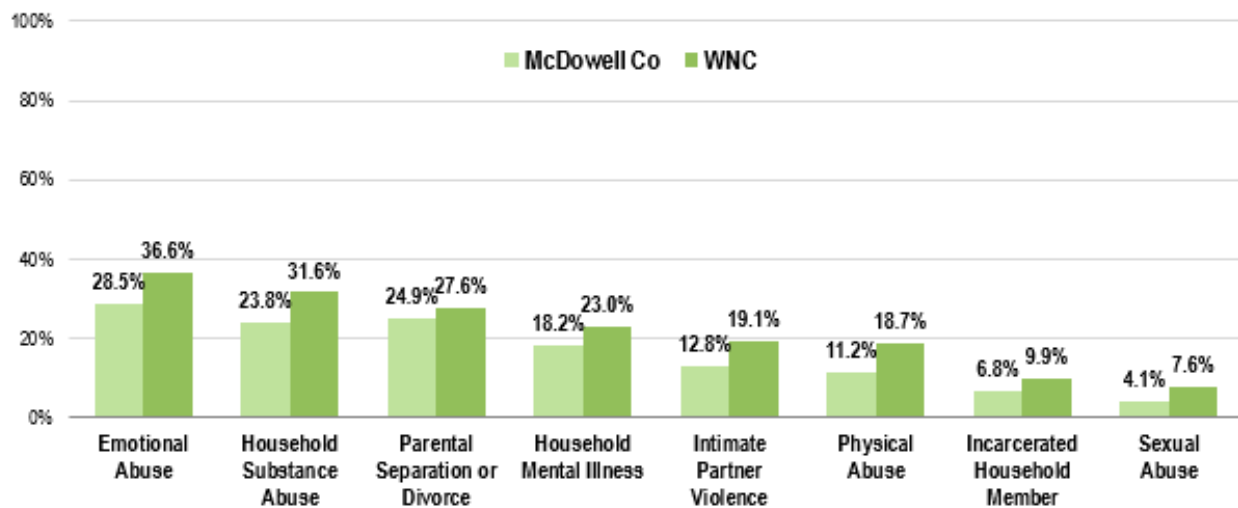
“Always” or “Usually” Get Needed Social/Emotional Support



Source: WNC Healthy Impact Community Health Survey

- Of the McDowell County adults that have experienced Adverse Childhood Experiences (ACEs) prior the Age 18, the majority at 28.5% experienced emotional abuse, 23.8% experienced household substance abuse, and 18.2% experienced household mental illness. All county rates are lower than that of the WNC region rates.

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)



Source: WNC Healthy Impact Community Health Survey



Mortality

The table below shows that the three leading causes of death for the period 2012-2016 were Cancer, Diseases of the Heart, and Chronic Lower Respiratory Disease.

Rank	Cause of Death	McDowell	
		# Deaths	Death Rate
1	Cancer	575	185.2
2	Diseases of Heart	542	178.0
3	Chronic Lower Respiratory Diseases	208	65.5
4	Cerebrovascular Disease	131	44.4
5	Alzheimer's disease	131	43.6
6	All Other Unintentional Injuries	111	43.3
7	Diabetes Mellitus	78	25.2
8	Pneumonia and Influenza	59	19.8
9	Suicide	42	18.2
10	Unintentional Motor Vehicle Injuries	34	13.9
11	Septicemia	40	13.5
12	Nephritis, Nephrotic Syndrome, and Nephrosis	40	13.1
13	Chronic Liver Disease and Cirrhosis	36	11.8
14	Homicide	15	7.1
15	Acquired Immune Deficiency Syndrome	1	0.3
All Causes (some not listed)		2,575	868.9

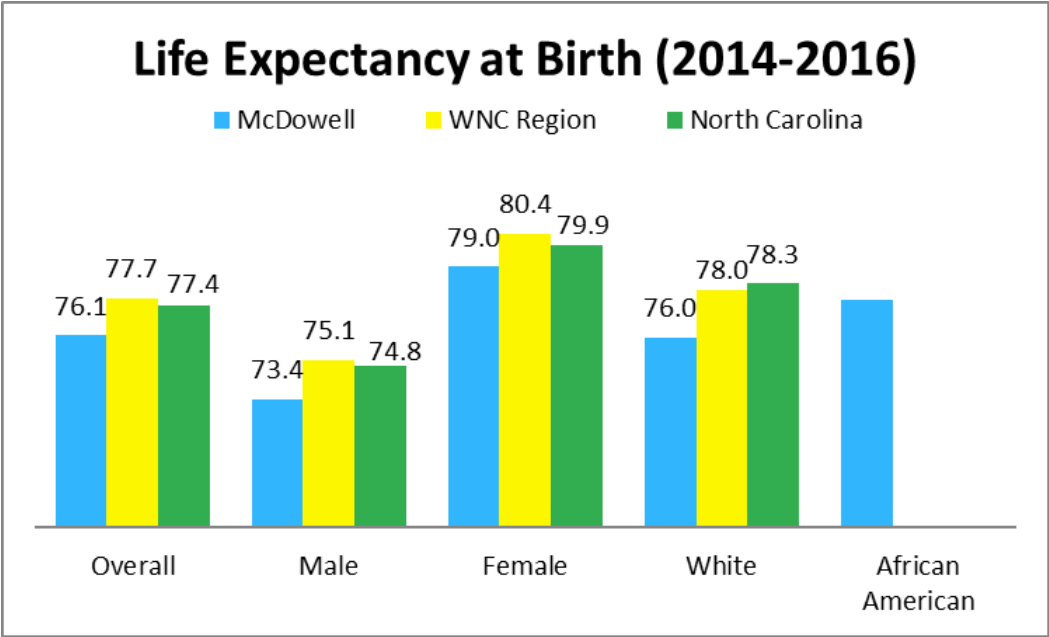
Source: NC State Center for Health Statistics

When looking at the leading causes of death by age group, other unintentional injuries, suicide and cancer – all sites are the leading causes for young adults ages 20-39. As the population ages, chronic diseases become predominant including cancer, diseases of the heart and chronic lower respiratory diseases.

McDowell County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Congenital anomalies (birth defects)	7	13.6
	2	Conditions originating in the perinatal period	5	9.7
		Motor vehicle injuries	4	7.8
20-39	1	Other Unintentional injuries	18	35.1
	2	Suicide	11	21.4
	3	Cancer - All Sites	10	19.5
40-64	1	Cancer - All Sites	152	187.8
	2	Diseases of the heart	105	129.7
	3	Chronic lower respiratory diseases	41	50.7
		Other Unintentional injuries	41	50.7
65-84	1	Cancer - All Sites	332	903.7
	2	Diseases of the heart	268	729.5
	3	Chronic lower respiratory diseases	136	370.2
85+	1	Diseases of the heart	167	3576.0
	2	Cancer - All Sites	80	1713.1
	3	Alzheimer's disease	77	1648.8

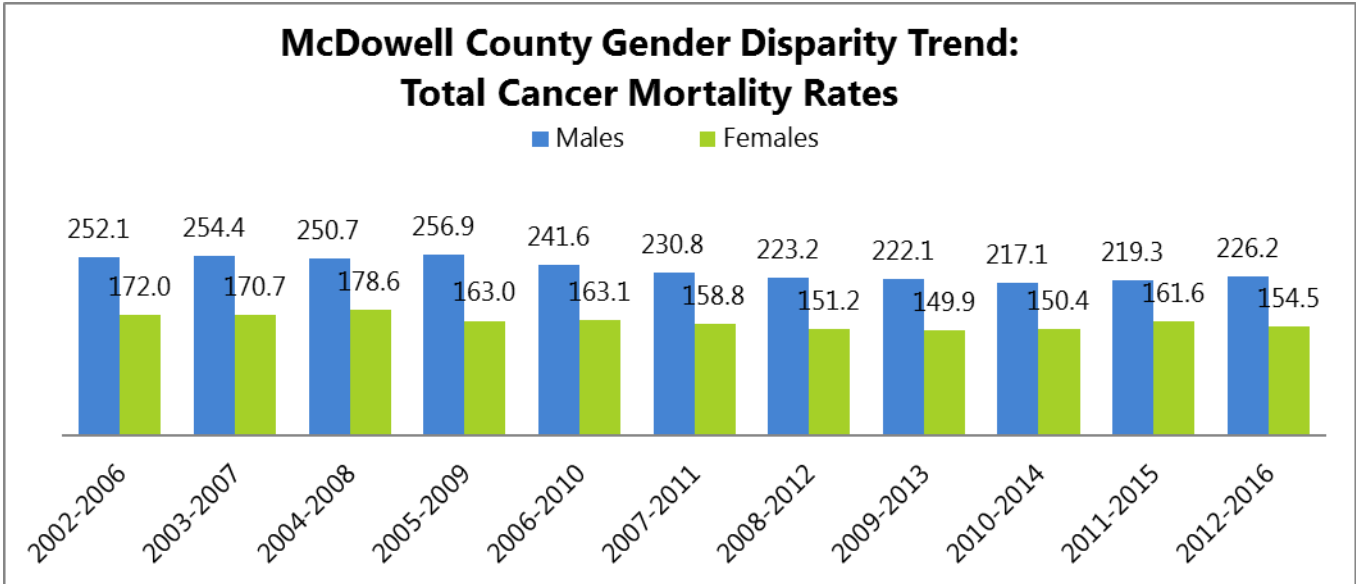
Source: NC State Center for Health Statistics

The overall life expectancy for residents in McDowell County is 76.1 years. This is lower than both that of WNC (77.7 years) and NC (77.4 years). For persons born in 2014-2016, life expectancy is longer among females (79 years) than males (73.4 years) and for White (76 years) than African American (75.3 years).



Source: NC State Center for Health Statistics

Note how poorly males in McDowell County fare compared to females in terms of mortality when looking at Total Cancer Mortality Rates. History demonstrates that this is not a new observation nor is it unique to WNC. Potential reasons that explain this phenomenon include activities that are generally higher among women such as utilization of preventative care, medical check-ups, and participation in screening events. Meanwhile, risky behaviors such as smoking, substance abuse, and poor diet are generally higher among men.



Source: NC State Center for Health Statistics

Health Status & Behaviors

The 2018 County Health Rankings ranked McDowell County 70th overall among 100 NC Counties where number 1 is the best (County Health Rankings, 2018).

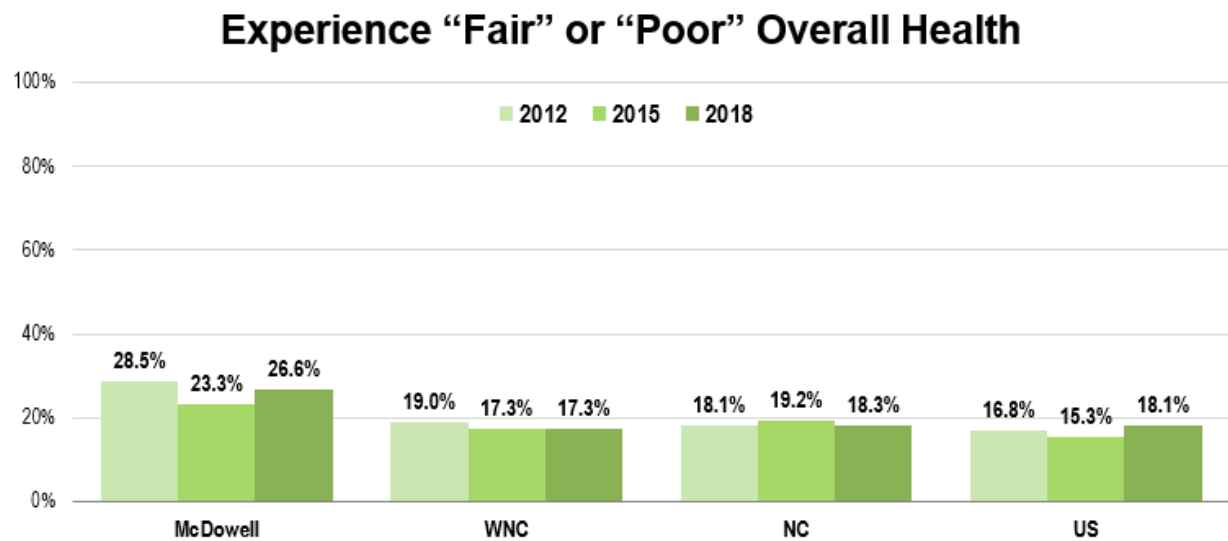
In terms of health outcomes, McDowell County ranked:

- 68th in length of life
- 75th in quality of life (includes poor or fair health, poor physical health days, poor mental health days, and low birthweight).

In terms of health factors, McDowell County ranked:

- 68th in health behaviors (includes adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections and teen births).
- 51st in clinical care (includes uninsured, primary care physicians, dentists, mental health providers, mammography screenings, and more).
- 54th in social and economic factors (includes high school graduation, unemployment, children in poverty, social associations, violent crime, and more).
- 8th in physical environment (includes air pollution-particulate matter, drinking water violations, severe housing problems, and more).

Self-reported overall health status has deteriorated in the past 3 years as the percentage of adults experiencing “fair” or “poor” overall health has increased from 23.3% to 26.6%. McDowell County rates are higher than that of the region, the state, and the country.

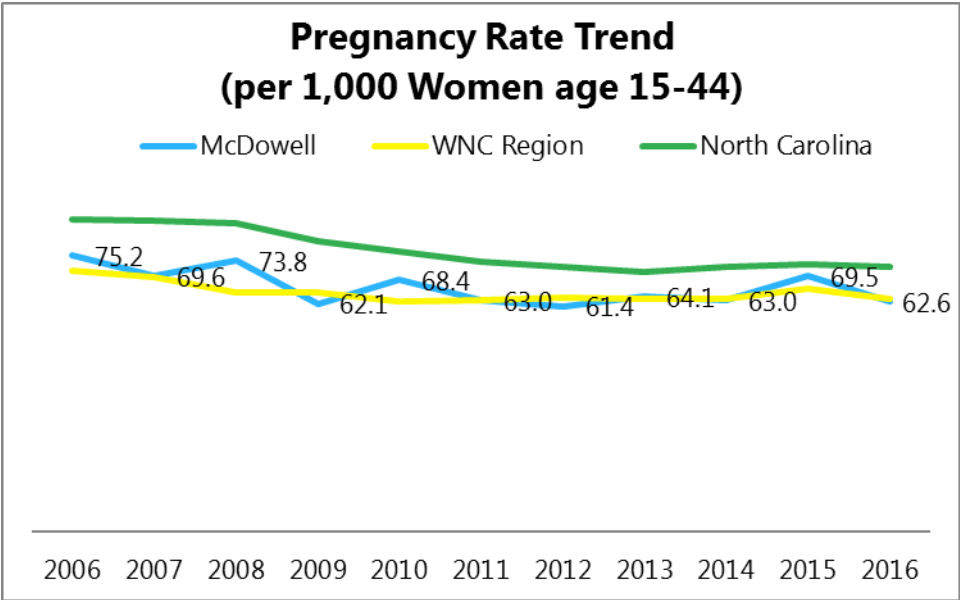


Source: WNC Healthy Impact Community Health Survey

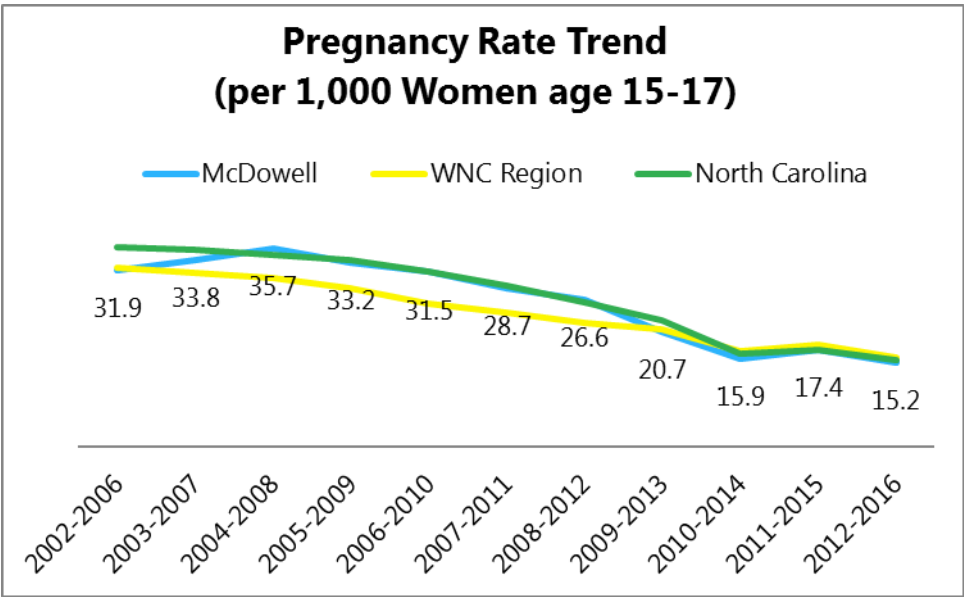
Maternal & Infant Health

The total pregnancy rates in McDowell County for women aged 15-44 shows to be variable over the last several years. The downward trend since 2015 is mirrored in that of the WNC and NC rates, with rates being 62.6 (McDowell), 63.5 (WNC) and 72.2 (NC) in 2016 (NC State Center for Health Statistics, 2018). Teen pregnancy rates in McDowell County, WNC, and NC have fallen

overall in the last several years with McDowell reaching its all-time low with a rate of 15.2 during the 2012-2016 period.



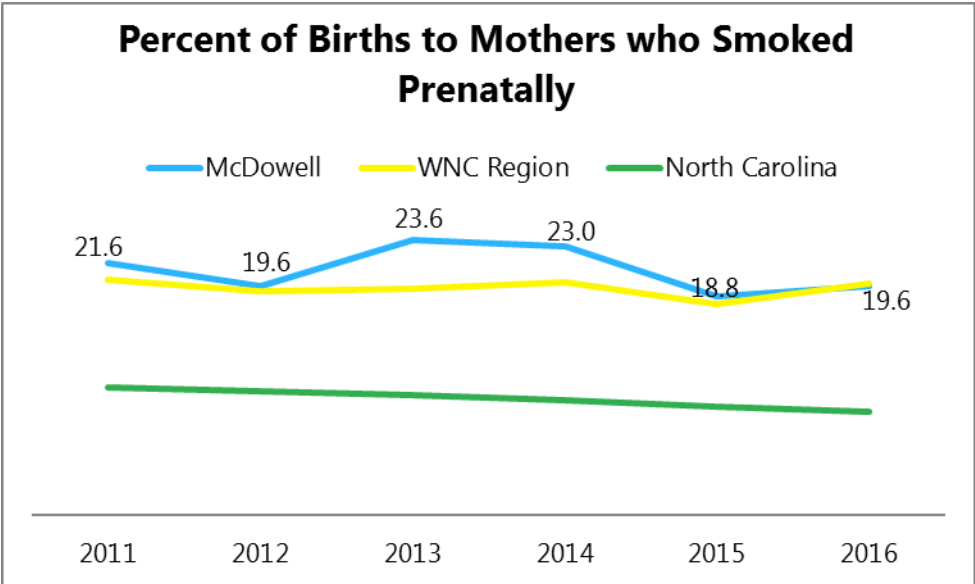
Source: NC State Center for Health Statistics



Source: NC State Center for Health Statistics

Furthermore, among McDowell County women ages 15-44 years, in 2016 the highest pregnancy rates appear to occur among White non-Hispanic. Equally, among teens age 15-19 in McDowell County, the highest pregnancy rates appear to occur among White non-Hispanic.

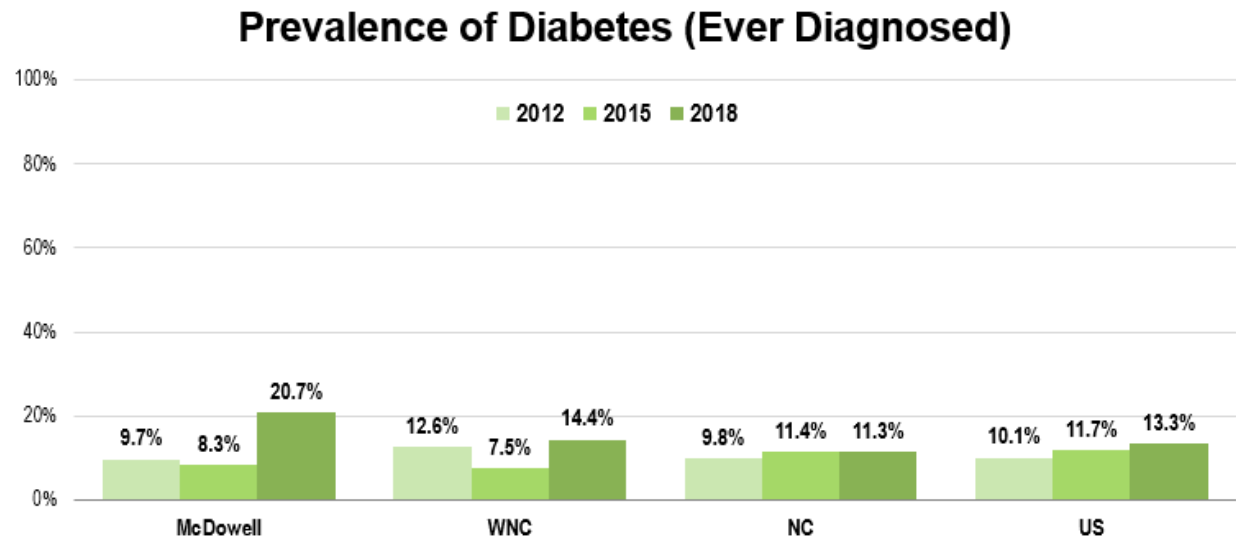
A pregnancy risk factor in McDowell county includes smoking during pregnancy. In 2016 the rate of women who smoked during pregnancy in McDowell County (19.6), although not the highest in the region, is very close to the WNC rate (19.9) and significantly higher than the state rate (8.9) (NC State Center for Health Statistics, 2018). In addition, the percentage of women in McDowell County who received prenatal care in the first trimester (months 1-3) has overall steadily increased since 2012 when it was 72.4% to 84% in 2016 (NC State Center for Health Statistics, 2018).



Source: NC State Center for Health Statistics

Chronic Disease

McDowell County has considerably high rates of diabetes, high blood pressure, high cholesterol, heart disease, cancer, and chronic lower respiratory disease. The average self-reported prevalence of McDowell County adults with diabetes was 20.7 in 2018, which is a dramatic increase from 8.3% in 2015. Similarly, the WNC region has also seen an increase in the prevalence of diabetes as its percentage grew from 7.5% in 2015 to 14.4% in 2018 (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

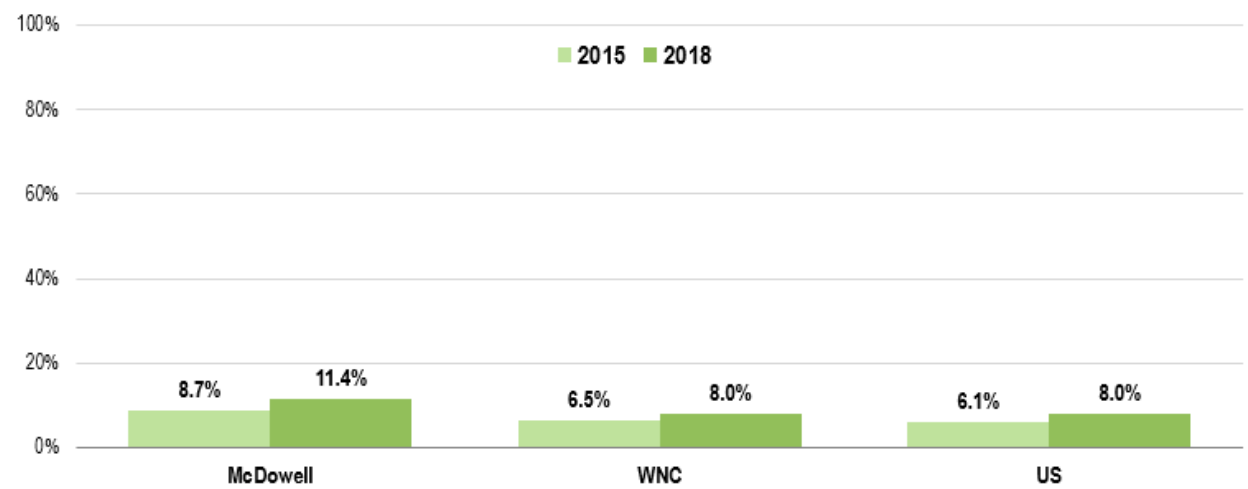


Source: WNC Healthy Impact Community Health Survey

Additionally, in 2018 the self-reported prevalence of high blood pressure in McDowell County adults was 41.2% while the percentage for the state was 35.2% and 39.2% for the WNC region. The prevalence of high cholesterol was 36.7% for McDowell county and 33.8% for the WNC region (WNCHN – WNC Healthy Impact Community Health Survey, 2018).

Furthermore, cancer is the leading cause of death in McDowell County followed by heart disease and the third cause being chronic lower respiratory diseases. In 2018 over 11% of McDowell County residents were diagnosed with heart disease (to include heart attack, angina, or coronary disease). This prevalence was higher than that of WNC (8%). Alike, cancer incidence rates for site-specific cancers for this community including colorectal (47.5) and lung (84.8) cancers were higher than that of the WNC region (38.3 and 66.7, respectively).

Prevalence of Heart Disease



Source: WNC Healthy Impact Community Health Survey

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	#	Rate	#	Rate	#	Rate	#	Rate
McDowell County	143	47.5	270	84.8	206	128.1	136	87.7
WNC Region	129	38.3	251	66.7	278	141.3	174	87.9

Source: NC State Center for Health Statistics

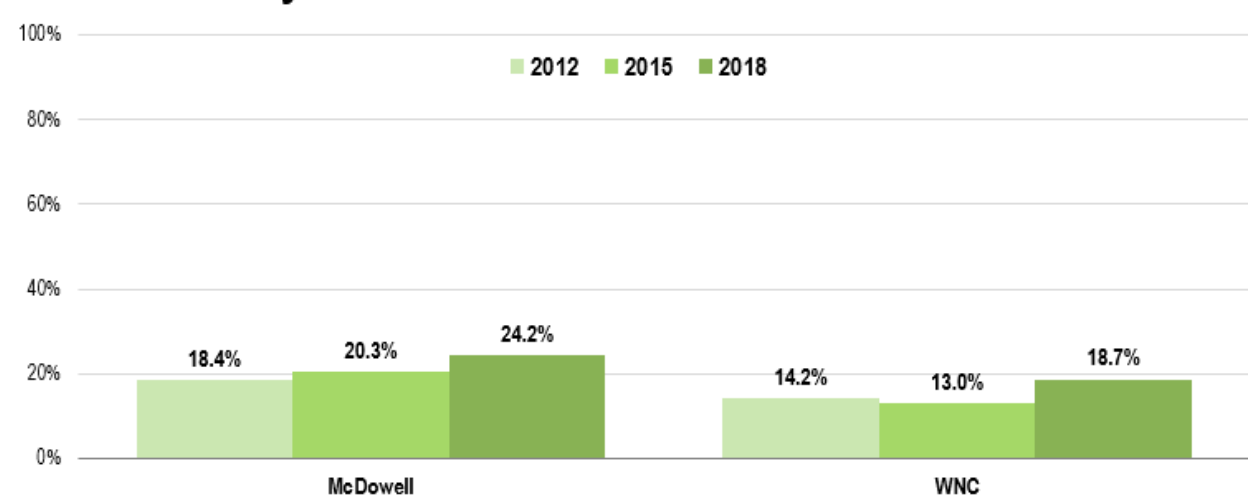
Injury & Violence

For age groups 00-19 and 20-39, injuries, whether motor vehicle or unintentional, are within the leading cause of death for McDowell County residents (NC Center for Health Statistics, 2018). Of these, the main injuries that lead to death or debilitation in our community include falls, unintentional poisonings, and motor vehicle crashes.

Mental Health & Substance Abuse

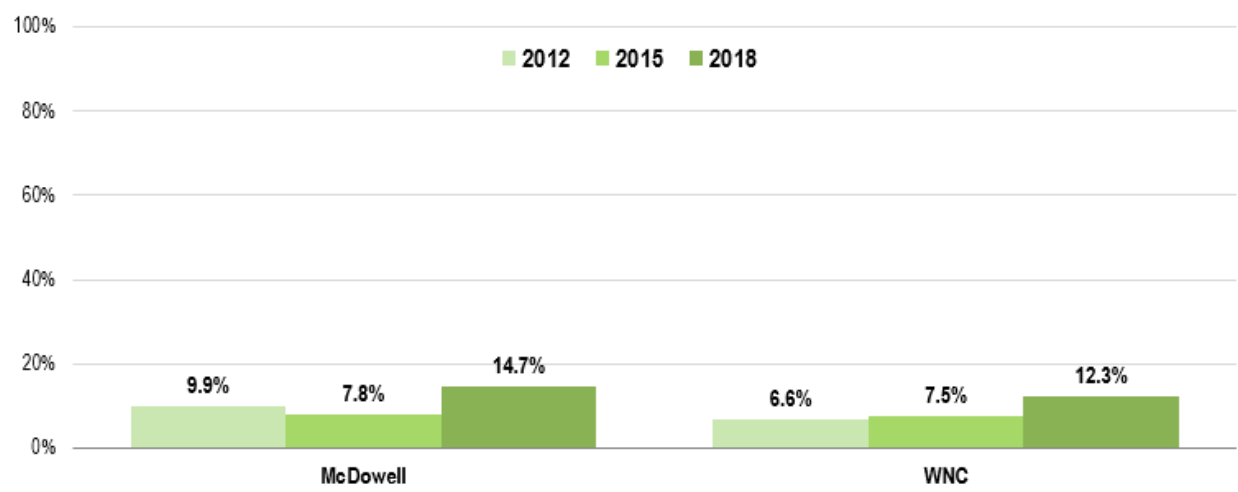
Between 2006 and 2017, the number of McDowell County residents served by an Area Mental Health Program steadily increased from 1,492 to 2,286 (a 53.2% increase). In 2018 24.2% of McDowell County adults self-reported having greater than 7 days of poor mental health in the past month. This is an increase from 2015 when the percentage was 20.3%. Also 14.7% reported not getting the mental health care or counseling what was needed in the past year, which is also an increase from 2015 when the percentage was 7.8% (WNCHN – WNC Healthy Impact Community Health Survey, 2018). The decrease in utilization begs the question: where are those in need being treated - emergency rooms, jails, not at all?

>7 Days of Poor Mental Health in the Past Month



Source: WNC Healthy Impact Community Health Survey

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



Source: WNC Healthy Impact Community Healthy Survey

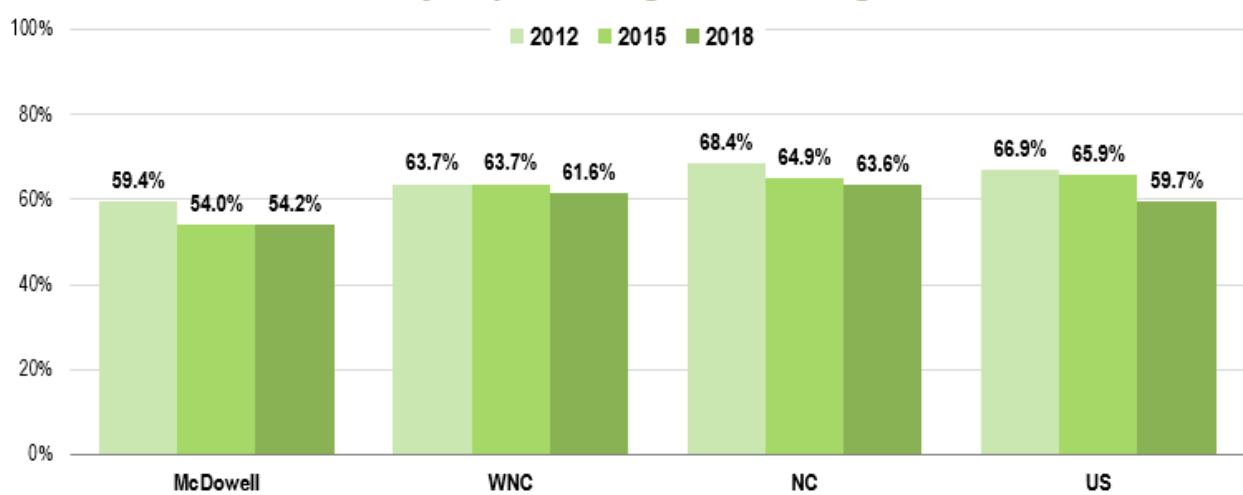
Moreover, between the years of 2009-2013, 96% of unintentional poisoning deaths in McDowell County were medication/drug overdoses (Injury Epidemiology and Surveillance Unit, Injury and Violence Prevention Branch, Chronic Disease and Injury Section, N.C. Division of Public Health, 2015). Additionally, in the first quarter of 2018 there were 4 EMS naloxone administrations and 5 community naloxone reversals by a community lay person, not including first responders. Lastly, it is alarming that the year to date total as of the 4th quarter in 2017 of opioid pills dispensed in McDowell County was 3,303,000 pills. It is of note that substance abuse treatment and recovery services came up as a need during community discussions.

Oral Health

In 2018, 54.2% of McDowell County adults indicated having had a dental visit in the past year. This is in line with 2012 as the percentage then was 54.0%, but a decrease from 2012 when the percentage was 59.4%. Meanwhile, in 2018 the average for the WNC region was 61.6% and 63.6% for the state, which experienced slight decreases from years prior.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



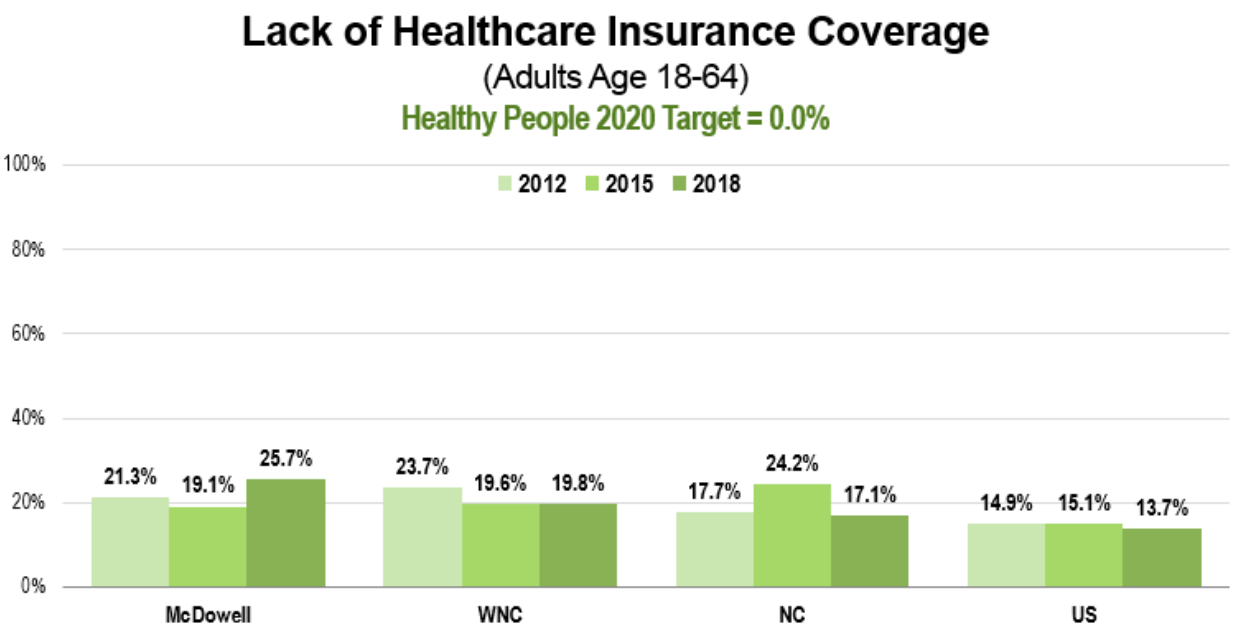
Source: WNC Healthy Impact Community Health Survey

Clinical Care & Access

Health Insurance

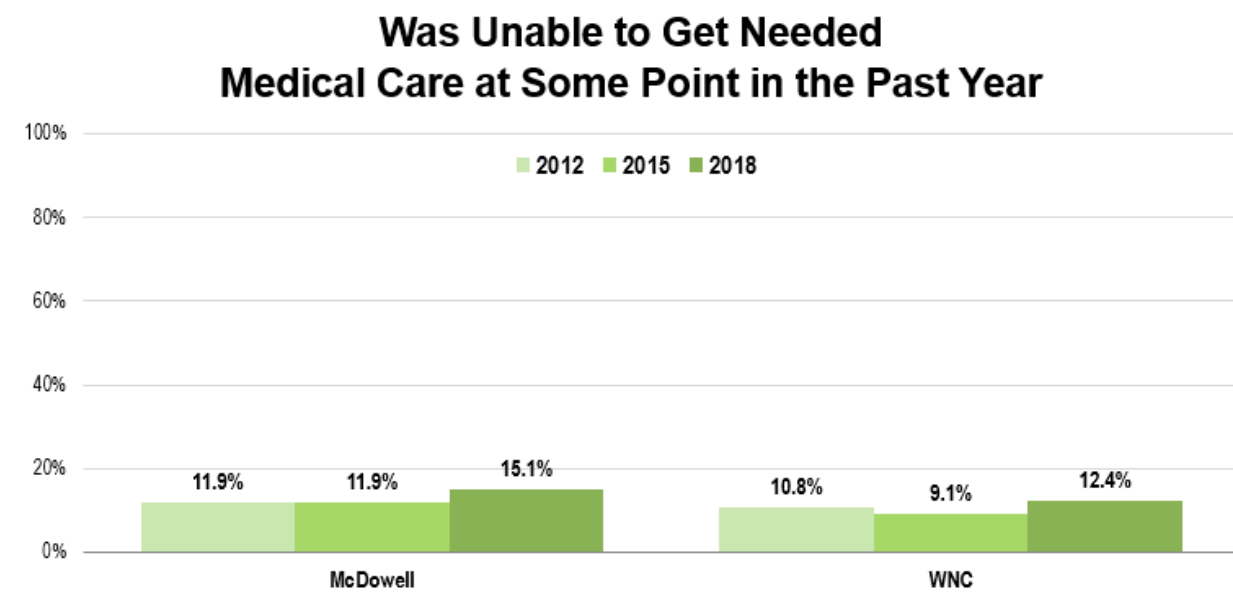
Many insurance navigators continue to work tirelessly to assist those seeking insurance through the exchange and helping them qualify for subsidies. Many are still unable to afford policies. the numbers for McDowell County residents have seemed to deteriorate since 2012 when 19.1% of McDowell county adults, ages 18-64, self-reported not having health insurance. This percentage increased to 25.7% in 2018. The rates for the WNC region and the state are lower than that of McDowell county showing 19.8% and 17.1% respectively in 2018 (WNCHN – WNC Healthy

Impact Community Health Survey, 2018). Additionally, it is estimated that in 2016 95.6% of children through the age of 18 years had health insurance coverage (U.S. Census Bureau, 2018).



Source: WNC Healthy Impact Community Health Survey

15.1% of McDowell County adults have indicated they have been unable to get needed medical care at some point in the past year. This is an increase from 11.9% in 2015 and is higher than the WNC region average of 12.4% for 2018. This demonstrates that although very important, other than health insurance, there are other factors that inhibit access to healthcare including the lack of reliable transportation, financial constraints, lack of adequate childcare, and lack of knowledge about available resources, among others.



Source: WNC Healthy Impact Community Health Survey

At Risk Populations

At-risk populations in McDowell County include, and are not limited to, those that are minorities, un-insured and under-insured, and low-income. Often these populations are likely to, or have the potential to, get a specified health condition.



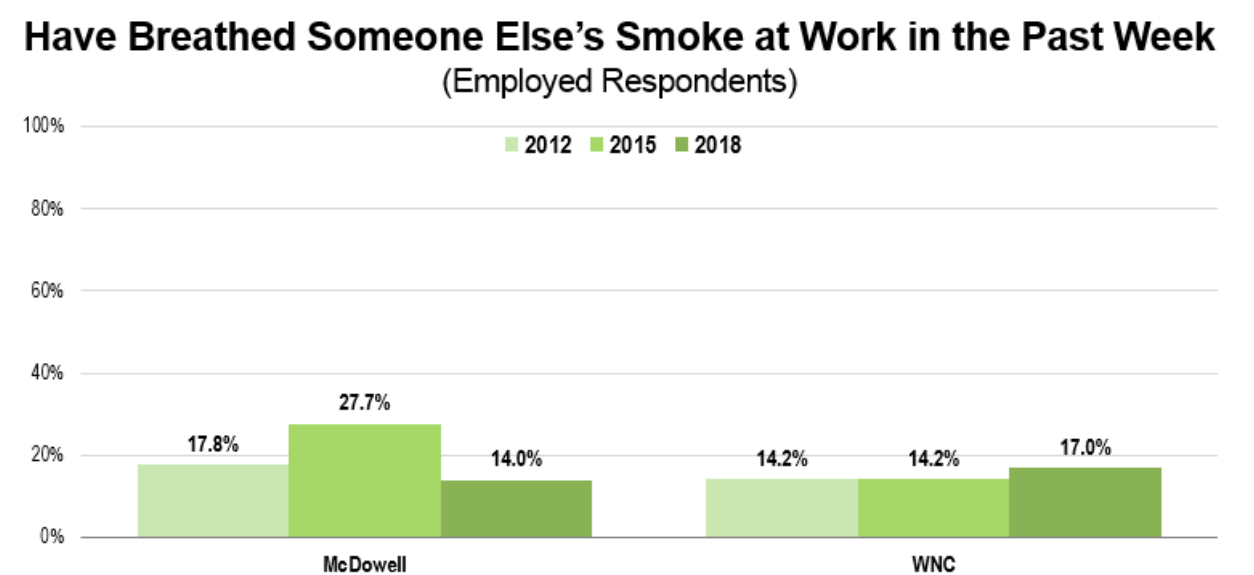
CHAPTER 6 – PHYSICAL ENVIRONMENT

Air & Water Quality

“Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to well-being and quality of life” (County Health Rankings, 2018).

In 2015, McDowell County ranked number 55 among 85 counties reporting Toxic Release Inventory with a total release of 54,890 pounds. Together, Baxter Healthcare Corp., Columbia Forest Products Carolina Div., Ethan Allen Operations Inc. Pine Valley Div., and Baldor Electric Co. make up the contributors of compounds released.

Furthermore, secondhand smoke is a known human carcinogen with more than 7,000 chemical compounds of which 250 are known to be harmful and 69 of which cause cancer (American Cancer Society, 2014). Smoking is known to cause lung cancer in humans and is a major risk factor for heart disease. The more secondhand smoke is inhaled, the higher the level of these harmful chemicals will be in the body. In 2018, 14% of McDowell County employed adults indicated they had breathed in someone else’s smoke at work in the past week. This is a significant decrease from 2015 when the average was 27.7% and is also lower than the WNC region average of 17% (WNCHN – WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

Clean water is also a prerequisite for health. Having access to clean water supports healthy brain and body function, growth and development. While drinking water safety is improving, many contaminants still pollute our water sources – pharmaceuticals, chemicals, pesticides, and microbiological contaminants. In McDowell County, as of July 2018, 13,640 of the county’s 2016 population of was served by community water systems (Safe Drinking Water Information System, 2018). The remainder of the population accesses water from wells or from bottled water.

Access to Healthy Food & Places

"Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (Food and Agriculture Organization, 2006). The environments where we live, learn, work, and play affect our access to healthy food and opportunities for physical activity which, along with genetic factors and personal choices, shape our health and our risk of being overweight and obese. As of 2013, 29 million Americans lived in a food desert, without access to affordable, healthy food. Those with lower education levels, already at-risk for poor health outcomes, frequently live in food deserts" (County Health Rankings, 2018).

In McDowell County, approximately 8 grocery stores and one farmers market exist to serve the residents. In 2015, it was indicated that 3.65% of households had low access to a supermarket or large grocery store, meaning a household without a car and more than 1 mile from a supermarket or large grocery store (U.S. Department of Agriculture Economic Research Service, 2018). In 2018, 23.8% of McDowell County residents indicate they are food insecure, which includes adults who ran out of food at least once in the past year and/or worried about running out of food in the past year (WNCHN – WNC Healthy Impact Community Health Survey, 2018). Lastly, as of 2014 there were 28 fast food restaurants in McDowell County and only 2 recreational facilities (U.S. Department of Agriculture Economic Research Service, 2018). Limited opportunities for recreation including a lack of access to a safe place to recreate, whether an indoor facility or a park, greenway, walking trail or playground, etc., hinders the ability for a person to live an active lifestyle. This can affect other areas of their health including being overweight or obese and by extension cause the onset of chronic disease.



Health Resources

Process

To compile an up to date Health Resource List, McDowell County CHA partners worked together to review the current 2-1-1 Health Resource List provided by WNC Healthy Impact. Any outdated or incorrect information was edited and saved for future reference. Additions and edits were also sent to the 2-1-1 coordinator so that the 2-1-1 online directory could be updated.

2-1-1 is a health and human service referral line available 24/7 to speakers of many languages. It is free, confidential and can be accessed through the internet (www.nc211.org) or by calling 2-1-1.

Findings

During this updating process, much was found in terms of available health resources and supportive services. To begin, the Corpening Memorial YMCA is an organization focused on improving health and wellness in McDowell County. They offer community members the opportunity to increase health and wellness for people in by providing many fitness and health programs that impact the health and wellness of the community. In addition to fitness opportunities, the Corpening Memorial YMCA also provides Diabetes Prevention Program, Livestrong, Taking Control of Diabetes Type 2, and others.

The McLeod Center in Marion provides drug treatment services including Methadone dosing, individual and group counseling, and drug screening for opiate dependent population. This facility is also able to provide Subutex (Buprenorphine) and suboxone (Buprenorphine with naloxone).

Additionally, McDowell County residents have access to support services including Southmountain Children and Family Services, RHA Prevention Services, Area Agency on Aging, NC Works Career Center, New HOPE of McDowell, McDowell Mission Ministries, Inc., American Red Cross – McDowell location, and much more. There are also several food pantries in the county that assist food insecure families. Further, McDowell County offers many county services through the Health Department, Animal Shelter, Department of Social Services, and others.

Lastly, another county strength is McDowell Technical Community College (MTCC) where our residents can earn a GED or achieve higher education. MTCC not only provides curriculum courses to earn a degree, diploma, or certificate, but also an abundance of continuing education. Continuing education courses are for people interested in training in different vocations, such as EMS program, Firefighter training, professional development, manufacturing certifications, law enforcement training, and more.

Resource Gaps

Though many resources are available, there are gaps that need to be filled so that McDowell County residents have adequate access to services. The following includes gaps that were identified through reviewing available resources and key stakeholder surveys.

A noted gap is a lack of providers and available resources including treatment for those suffering from a mental health illness.

Additionally, the availability of public transportation for the un-insured has also been identified as a resource gap that affects many different areas of wellbeing. The lack of county-wide public transportation makes it difficult for residents to travel to obtain proper medical care or take part in health programs, commute to and from work or to secure essential items for daily living including nutritious foods and medications.

Finally, the most glaring gap exists in the underfunding of the Public Health System through local governance ad valorem taxes. The Public Health System plays a critical role as convener of partners and as advisor and implementer of community level programs and policies to enhance community health. However, the Public Health System remains woefully underfunded to perform at optimal levels.



Health Priority Identification

Process

Every three years we pause our work to improve community health so that we may step back and take a fresh look at all the current data from our county that reflects the health of our community. We then use this information to help us assess how well we're doing, and what actions we need to take moving forward.

Beginning in September 2018, our team spent time understanding the data and uncovering what issues were affecting the most people in our community. We also interviewed community leaders to find out what they're most concerned about. To identify the significant health issues in our community, our key partners (see a full list in the Executive Summary) reviewed data and discussed the facts and circumstances of our community.

We used the following criteria to identify significant health issues:

- Data reflects a concerning trend related to size or severity
- Significant disparities exist
- Issue surfaced as a high community concern
- County data deviates notably from the region, state or benchmark

Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. Some of the factors they considered were how much the issue impacts our community, how relevant the issue is to multiple health concerns, and how feasible it is for our community to make progress on this issue.

This process, often called health issue prioritization, is an opportunity for various community stakeholders, such as the McDowell County Health Department, Mission Hospital McDowell, the McDowell County Health Coalition, the Corpening Memorial YMCA, and others to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

Identified Issues

During the above process, the Data Analysis Team identified the following health issues or indicators:

- **Cancer:** The leading cause of death and the total cancer mortality trend for McDowell County is higher than that of the WNC region at the state.
- **Healthy Eating:** Nearly one-fourth (23.8%) of McDowell County residents state they experience food insecurity and only 3.2% indicate they are consuming five or more servings of fruits and vegetables per day.
- **Active Living:** Only 12.2% of McDowell County residents meet recommended physical activity guidelines, which is lower than the WNC region and the state, and 69.3% of McDowell County residents are overweight or obese.
- **Substance Abuse:** Although cancer is the leading cause of death overall for McDowell County residents, unintentional injuries is the leading cause of death for young adults

ages 20-39. The rate of unintentional injuries has steadily increased since 2009 and is significantly higher than the state rate.

- **Tobacco:** The rates of current smokers remains higher than that of the WNC region and the state and the rate of those who currently use smokeless tobacco products has increased since 2015.
- **Childhood Poverty:** Children suffer significantly and disproportionately from poverty with a rate of 32.2% for children under 5 and 29.8% for children under 18.
- **Mental Health:** There were 42 suicides during 2012-2016 with a rate of 18.2, which is much higher than the state rate of 12.9. Mental health is also believed to be a contributor to other unhealthy behaviors and lifestyle choices including substance abuse.

Priority Health Issue Identification

Process

During our group process, the following criteria were applied to the issues listed above to select priority health issues of focus for our community over the next three years:

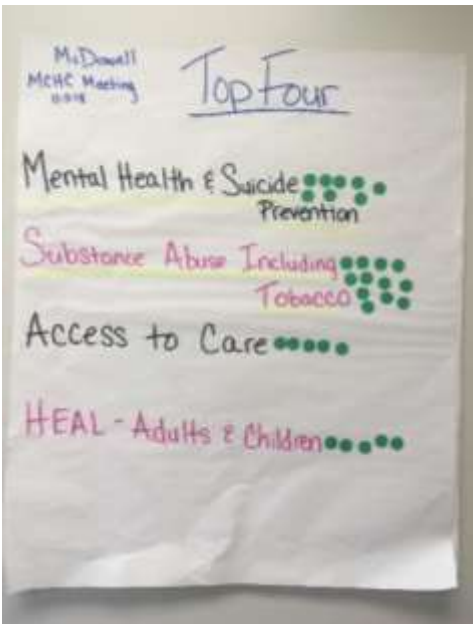
- Criteria 1 – Relevant – How important is this issue? (*Urgency to solve problem; community concern; Focus on equity; Linked to other important issues*)
- Criteria 2 – Impactful – What will we get out of addressing this issue? (*Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now*)
- Criteria 3 – Feasible – Can we adequately address this issue? (*Availability of resources (staff, community partners, time, money, equipment) to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins*)

Participants used a modified Hanlon method to rate the priorities using the criteria listed above. Then dot-voting and multi-voting techniques were used to narrow to the top 2 priority health issues.

Identified Priorities

The following priority health issues are the final community-wide priorities for our county that were selected through the process described above:

- **Mental Health & Suicide Prevention** – Mental Health and Suicide Prevention was selected because it affects many different areas of an individual's wellbeing including their physical health. A healthy community encompasses all aspects of health and although much progress has been made in this area, many local leaders agree that much is still to be done. Supporting data of this health priority includes the increased percentage of adults reporting more than 7 days of poor mental health, dissatisfaction with life and not having received mental health care or counseling.
- **Substance Abuse Including Tobacco** – Substance abuse emerged as a health priority during the 2015 Community Health Assessment. During the 2018 Community Health Assessment, the community decided to expand this health priority to include tobacco given the increase seen in the use of smokeless tobacco products and, although decreased from years prior, the rate of current smokers, which remains higher than the target and higher than the WNC region and state. There are also active workgroups that have been diligently working on strategies to address substance abuse.



PRIORITY ISSUE #1

Mental Health and Suicide Prevention has been of high priority for many McDowell County community organizations for many years. Mental health is an important factor that affects overall health and that affects people of all ages. Many agencies and organizations have partnered to improve this issue by implementing ways to increase education and awareness of available

treatment and resources. Efforts have also been made in hope of eliminating the stigma surrounding the issue. Some of the organizations that have developed different partnerships throughout the community include RHA Prevention Services, McDowell County Schools, Care Net, VAYA Health, McDowell County Health Coalition, Mission Hospital McDowell, Southmountain Children and Family Services, and more. With a collective effort, the needle has moved and there is now more recognition of the issue in McDowell County and more awareness of how and where to access much needed help. Great work has been completed in this area, but much work is still to be done.

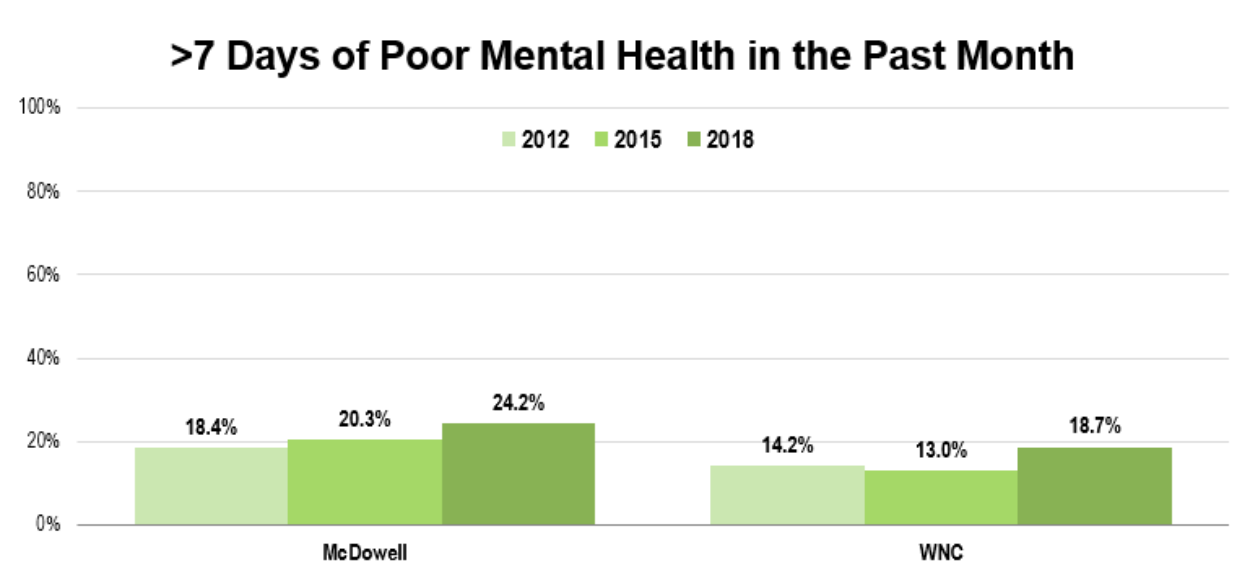
What Do the Numbers Say?

Health Indicators

The following data points helped to inform the Mental Health and Suicide Prevention priority:

The number of poor mental health days within the past 30 days is used as one measurement of a person’s health-related quality of life. Poor mental health includes stress, depression, and other emotional problems. Poor mental health can prevent a person from engaging in daily activity such as self-care, school, work and recreation.

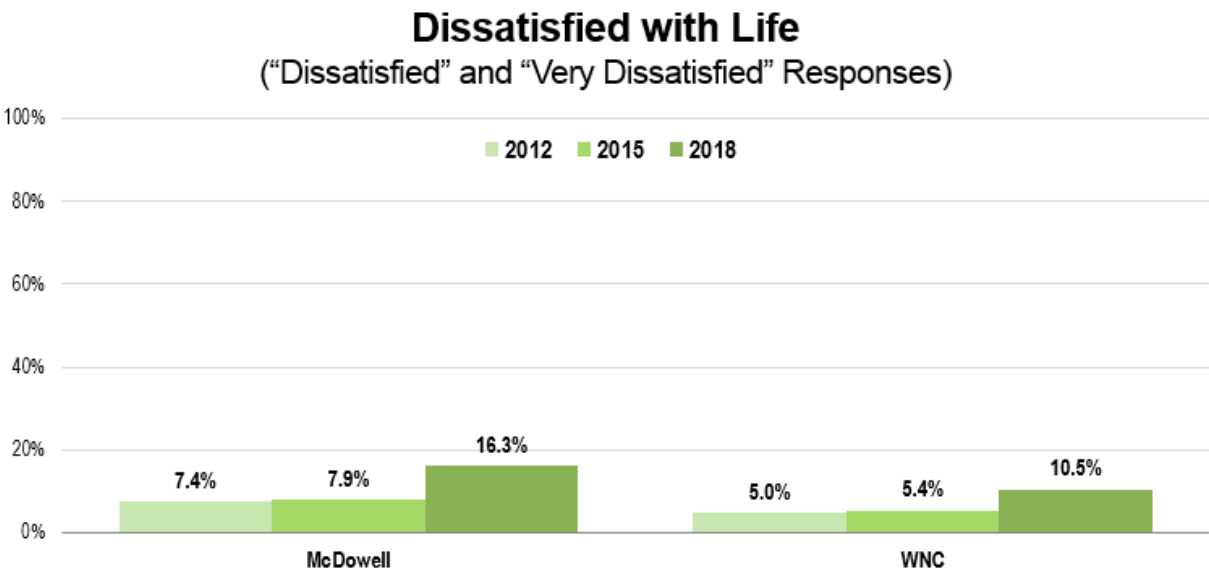
In 2018, 24.2% of the adults self-reported to having had more than 7 days of poor mental health in the past month (WNCHN - WNC Healthy Impact Community Health Survey, 2018). This rate, again, is higher than what it was in 2015 when the rate was 20.3%. The McDowell County rate is also higher than that of the WNC region (18.7%), which the WNC has also experienced an increase in its rate over the years as well.



Source: WNC Healthy Impact Community Health Survey

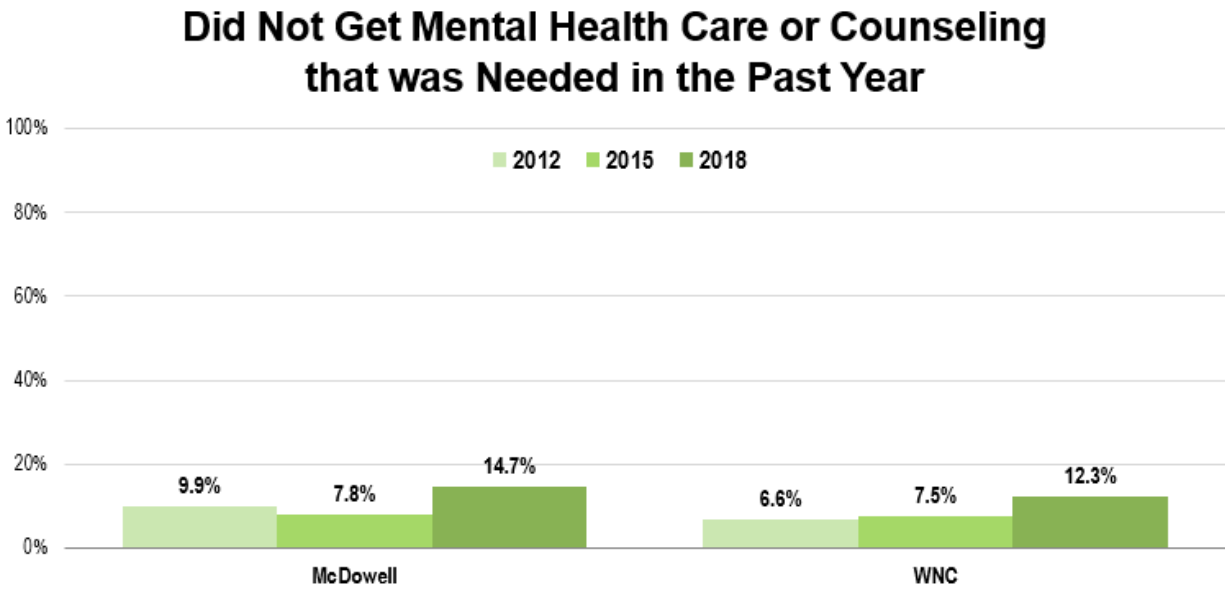
In addition, in 2018, 16.3% of McDowell County adults indicated they are dissatisfied with life. This is more than double the rate in 2012 (7.9%) and that of 2015 (7.4%). This rate is also higher

than that of the WNC region (10.5%) (WNCHN - WNC Healthy Impact Community Health Survey, 2018).



Source: WNC Healthy Impact Community Health Survey

In 2014, it was reported that there were 559 cases of inpatient hospital utilization due to “other diagnosis” including mental disorders (NC State Center for Health Statistics, 2016). Although there are 35 reported licensed mental health facilities in McDowell County that offer treatment, supervised living or rehabilitation, 14.7% of McDowell County adults self-reported not having received mental health care or counseling that was needed in the past year. This is nearly double the rate seen in 2015 and slightly higher than the WNC region rate.

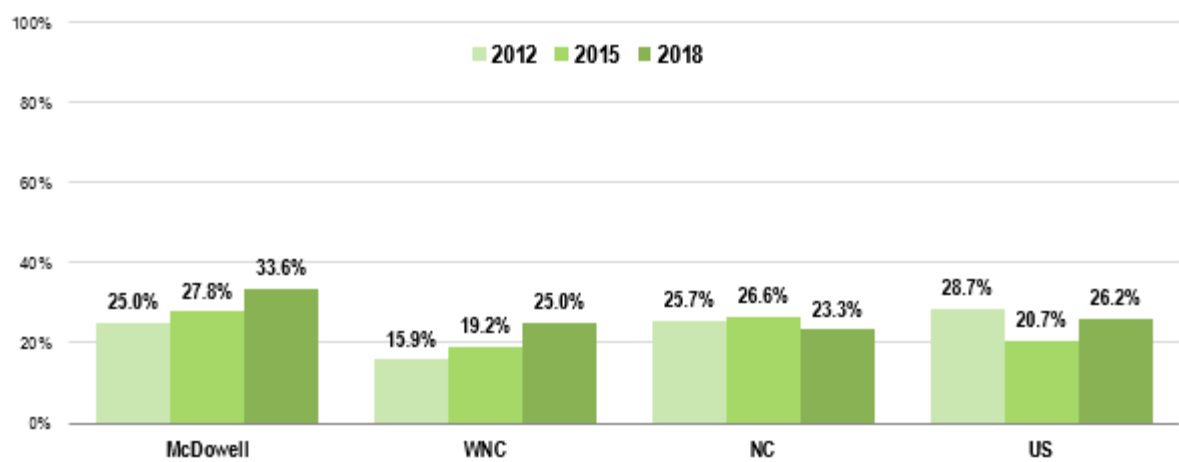


Source: WNC Healthy Impact Community Health Survey

Moreover, as previously mentioned, mental health can also have a detrimental impact on an individual’s physical health due to a lack of interest in recreational activities. 33.6% of McDowell County adults reported no leisure-time physical activity in the past month in 2018. This percentage is an increase from 27.8% in 2015 and 25.0% in 2012, which indicates that more individuals are reporting an inability to engage in leisure-time physical activity (WNCHN - WNC Healthy Impact Community Health Survey, 2018). Leisure-time physical activity can include activities such as walking, dancing, swimming, gardening, sports, cycling and many others. The recommended amount of physical activity for most healthy adults is 150 minutes per week. McDowell County’s rate is also beyond the Healthy People 2020 Target of 32.6% or lower and the upward trend suggests that work is needed in this area to prevent further increases. The 2018 rate for McDowell County also exceeds comparator jurisdictions.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

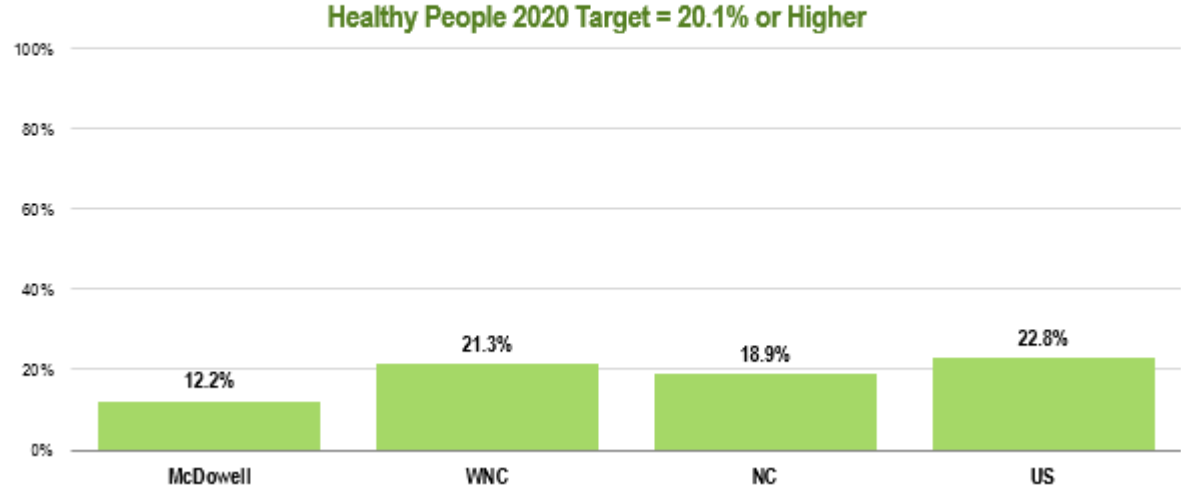


Source: WNC Healthy Impact Community Health Survey

Adults meeting the physical activity recommendation was 12.2% in 2018, but 46.2% in 2015, and 52.7% in 2012 (WNCHN - WNC Healthy Impact Community Health Survey, 2018). This demonstrates a dramatic decrease and is also below the Healthy People 2020 target of 20.1% or higher. McDowell County also ranks below the WNC region and the state.

Meets Physical Activity Recommendations (2018)

Healthy People 2020 Target = 20.1% or Higher

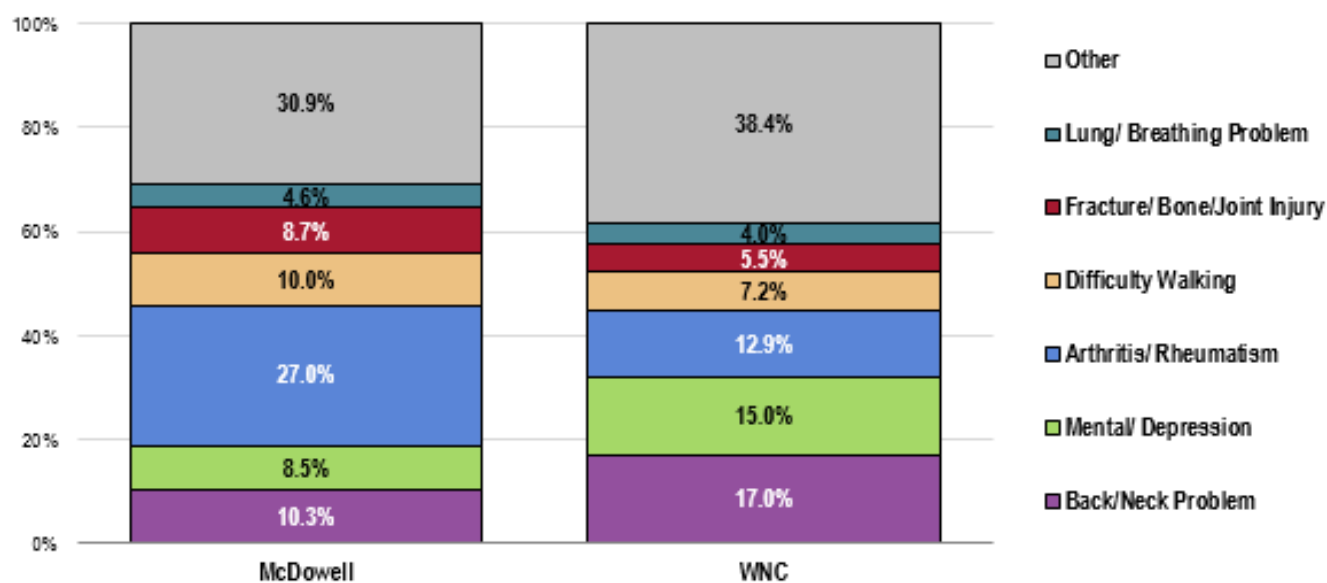


Source: WNC Healthy Impact Community Health Survey

Additionally, 8.5% have reported that mental/depression problems are the cause of their activity limitations. “Other” was the largest type of problem that limits activities at 30.9% followed by arthritis/rheumatism (27.0%), back/neck problems (10.3%), difficulty walking (10.0%), fracture/bone/joint injury (8.7%), and lung/breathing problems (4.6%).

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; By County, 2018)



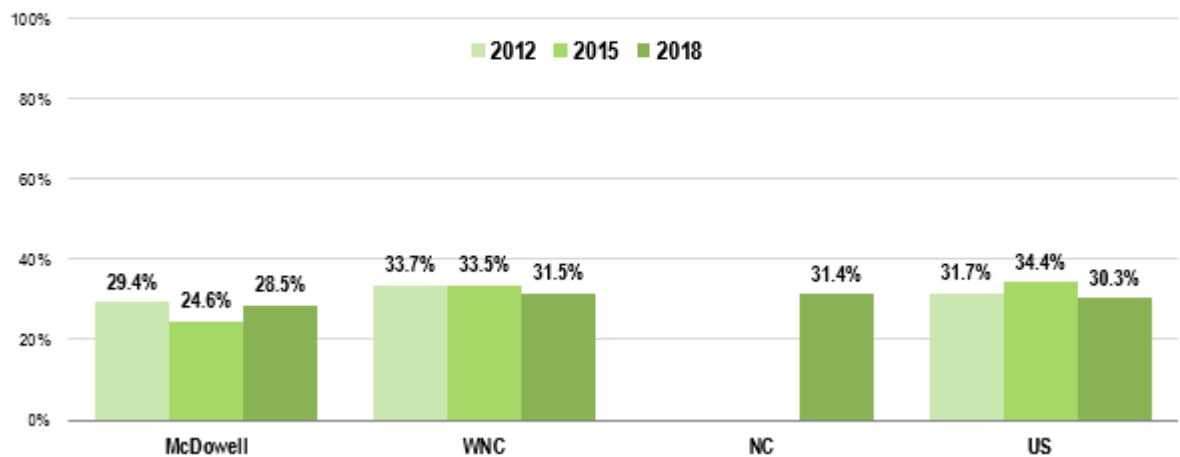
Source: WNC Healthy Impact Community Health Survey

Undoubtedly, a lack of physical activity can negatively impact a person’s weight. Adults at a healthy weight, meaning a Body Mass Index (BMI) between 18.5 and 24.9, in 2018 was 28.5% and 24.6% in 2015 and 29.4% in 2012.

Healthy Weight

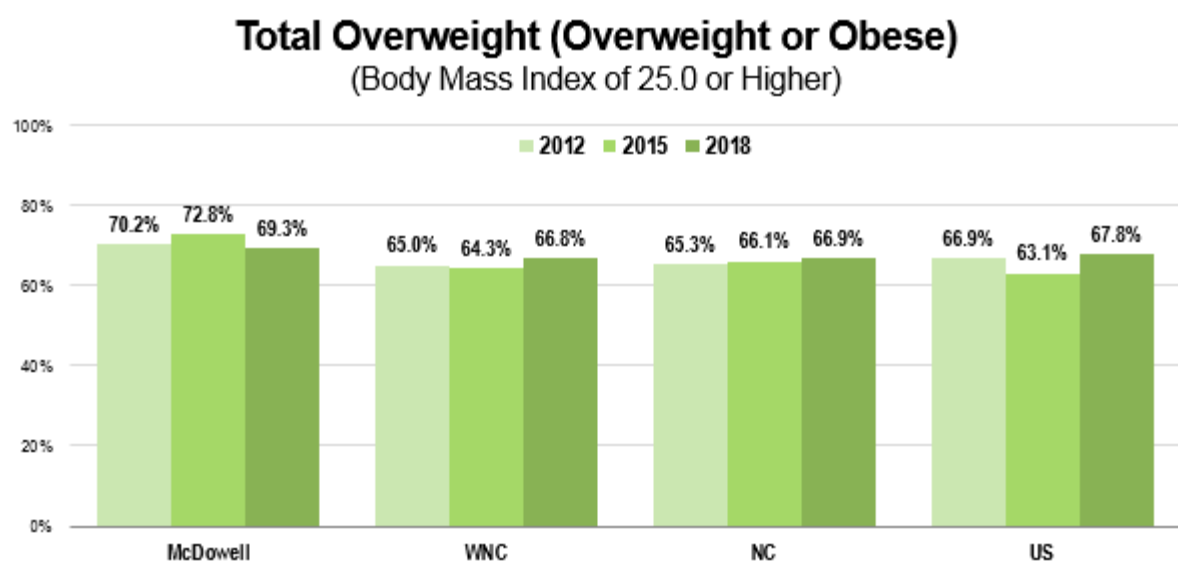
(Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher

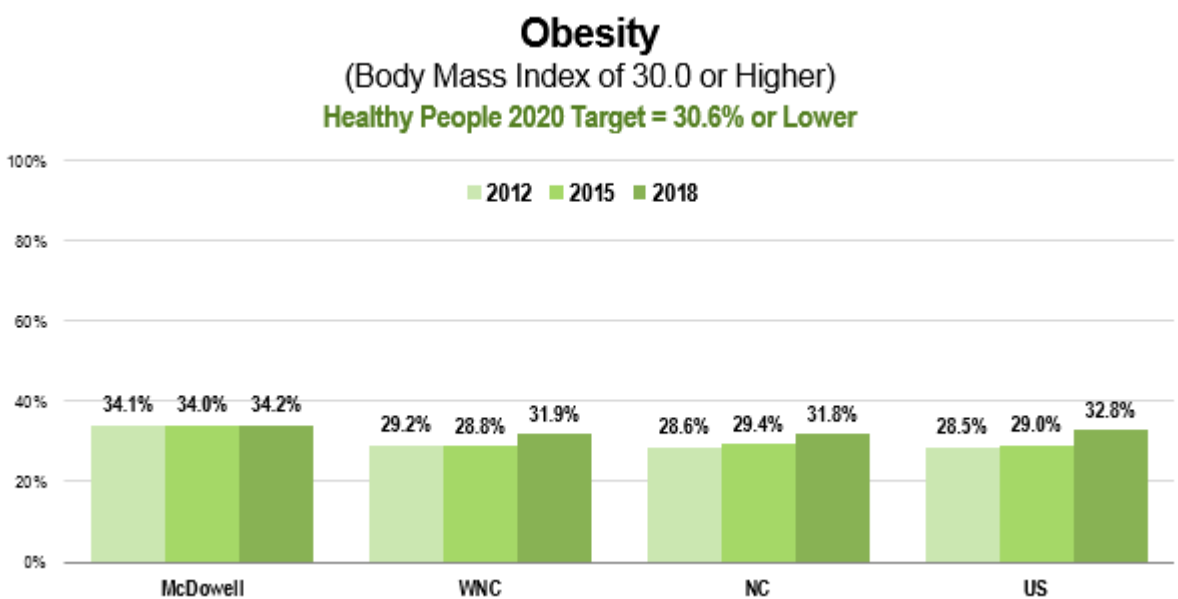


Source: WNC Healthy Impact Community Health Survey

The prevalence of total overweight (BMI 25 or higher) was an astonishing 69.3% in 2018 and was 72.8% in 2015 and 70.2 in 2012. Meanwhile, the prevalence of obesity was 34.2%, which is a slight increase from 34.0% in 2015 (WNCHN - WNC Healthy Impact Community Health Survey, 2018). The rate of adults at a healthy weight in McDowell County in 2018 was lower than that of the WNC region and the state and the rates of individuals who are overweight or obese surpassed that of the region and the state.



Source: WNC Healthy Impact Community Health Survey



Source: WNC Healthy Impact Community Health Survey

Further, efforts to improve a person’s mental health is essential as suicide is the second leading cause of death for age group 20-39 in McDowell County. Between 2006 and 2017, the number of McDowell County residents served by an Area Mental Health Program steadily increased from 1,492 to 2,286 (a 53.2% increase) and during 2012-2016 there were 42 reported suicides (State Center for Health Statistics, 2018).

McDowell County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Congenital anomalies (birth defects)	7	13.6
	2	Conditions originating in the perinatal period	5	9.7
		Motor vehicle injuries	4	7.8
20-39	1	Other Unintentional injuries	18	35.1
	2	Suicide	11	21.4
	3	Cancer - All Sites	10	19.5
40-64	1	Cancer - All Sites	152	187.8
	2	Diseases of the heart	105	129.7
	3	Chronic lower respiratory diseases	41	50.7
		Other Unintentional injuries	41	50.7

65-84	1	Cancer - All Sites	332	903.7
	2	Diseases of the heart	268	729.5
	3	Chronic lower respiratory diseases	136	370.2
85+	1	Diseases of the heart	167	3576.0
	2	Cancer - All Sites	80	1713.1
	3	Alzheimer's disease	77	1648.8

Source: NC State Center for Health Statistics

What Did the Community Say?

Stakeholders indicate that the McDowell County community is strengthened by the collaborative efforts of many agencies working together toward a common goal. A community leader states that “steps have been made to serve clients with mental illness outside the emergency room. Many times, the emergency room became the “holding” place for these clients, and now they are being referred to professionals who can get them immediate help.” Others in the community have also indicated that grassroots efforts, community forums, a focus on health equity and community-led work have all helped to improve this health priority.

Along with factors that are helping to improve this issue, there are also those that are hurting it. These include financial restraints, denial, stigma, and limited mental health providers. A community leader adds that “the mental health provider for this area seems to change every couple of years. Access to mental health services appears to be getting worse rather than better.” A Health Provider confirms that there are “not enough suicide prevention programs, dedicated mental health staff, and devoted professionals.” Many community members also agree that more community education on available services is also needed.

What Else Do We Know?

Females report more poor mental health days in the previous 30 days than men. Hispanics report having the fewest poor mental health days, compared with non-Hispanic whites and non-Hispanic African Americans, whereas American Indians report the poorest mental health days (Healthy NC 2020, 2011).

Men are almost four times likely to commit suicide as women. Whites have higher suicide rates than African Americans and individuals of other racial/ethnic groups. Suicide rates in the western part of the state are higher than in the piedmont or eastern parts of the state (Healthy NC 2020, 2011).

Males are more likely than females to get the recommended amount of physical activity. Income and education are also related to physical activity. For example, people with the least income are the least likely to achieve the recommended level of activity. Ultimately, ensuring that individuals at all levels of the community are aware of available resources is of utmost importance (Healthy NC 2020, 2011).

What is Already Happening?

- Many things are already taking place in the community that help improve mental health for people of different ages and backgrounds. Some of these efforts are:
- The McLeod Center in Marion provides drug treatment services including Methadone dosing, individual and group counseling, and drug screening for opiate dependent population. This facility is also able to provide Subutex and suboxone.
 - Hospice provides grief and loss support.
 - A collaborative effort has allowed for a social worker to be available in the McDowell County High School.
 - Southmountain Children and Family Services provides evidence-based treatment to children who have experienced a traumatic event. They also provide caregivers with the guidance and skills they need to support their children throughout the healing process.
 - Youth Mental Health First Aid have been made available.
 - There is increased participation of businesses of different sectors in workplace wellness.

- The availability of Community Care paramedic
- RHA walk-in crisis center
- CareNet counseling
- VAYA Health's 24/7 crisis line

What Change Do We Want to See?

A positive objective for the McDowell County community would be a reduction in the suicide rate from 18.2 to the Healthy NC 2020 rate of 8.3. Unquestionably, this measure of change is drastic, but reduction of any measure would be considered a positive outcome.

Regular physical activity improves a person's overall health including their physical and mental health. Increasing the percentage of adults getting the recommended amount of physical activity would be a great accomplishment. In 2018, 12.2% of adults in McDowell County were meeting the recommended guideline of 150 minutes per week. Increasing this percentage to 20.1% or higher would be in line with the Healthy People 2020 target. Similarly, another positive change would be to see more people of all ages engaging in leisure-time physical activity while better utilizing the parks, trails and greenways. As community members achieve the recommended amount of physical activity, the county's natural resources can be better used as physical activity is not only confined to fitness establishments. Although the rate of McDowell County adults that did not engage in leisure-time physical activity in the past month (33.6%) is slightly higher than the Healthy People 2020 target of 32.6% or lower, seeing this number decrease even more would also reflect a healthier community.

Lastly, community members indicate that other strategies to address this healthy priority include getting more information out the public including suicide prevention education, increased community involvement and partnerships, and engaging in the use of information technology to educate the public.

PRIORITY ISSUE #2

Substance Abuse Including Tobacco

was identified as a health priority in 2018 as an expansion to Substance Abuse, a health priority chosen during the 2015 CHA. Substance use and abuse are major contributors to death and disability in North Carolina. Community leaders understand that prevention efforts alone are not enough and that the importance of improving access to treatment and recovery resources for substance abuse cannot be overstated. During the prioritization process it was decided that there are very limited local resources for county residents when seeking treatment or recovery support.



McDowell County CHA Community Forum December 2018

Great work has been done under the strong leadership of many organizations including the substance abuse workgroup through the Health Coalition, DARE, McDowell Access to Care (MATCH) program, MAHEC, Freedom Life Ministries, law enforcement agencies and others. Early intervention remains the most effective way to prevent initiation leading to substance abuse or misuse. Possessing the ability to help those struggling with addiction is just as important when preventing setbacks.

What Do the Numbers Say?

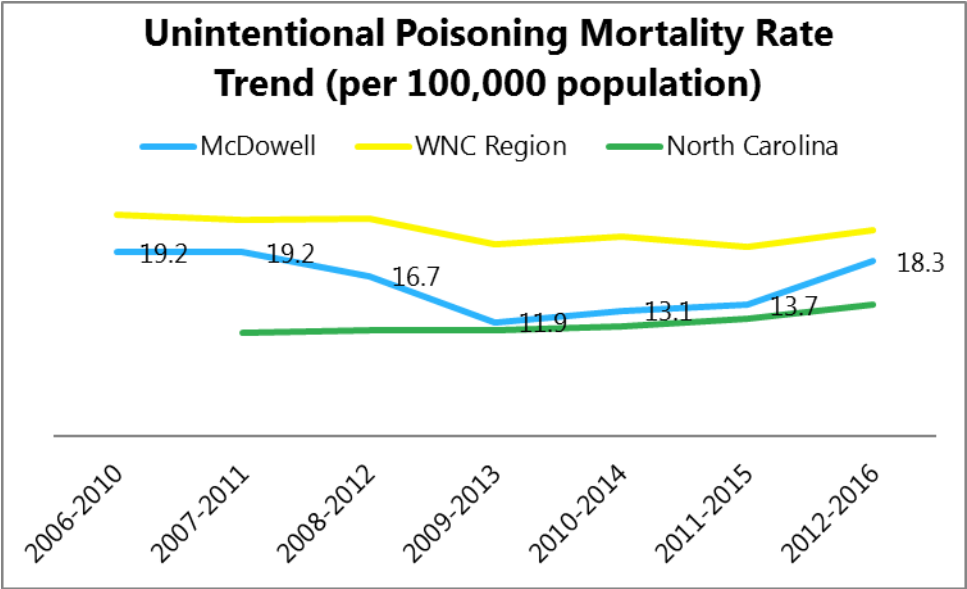
Health Indicators

The following data points helped to inform the Substance Abuse Including Tobacco priority:

A general characteristic of WNC is high mortality rates due to unintentional poisoning, especially by medication and drug overdose. McDowell County is one of the WNC counties with significantly higher than state average poisoning and drug overdose mortality rates. In the period 2009-2013, 26 McDowell County residents died because of unintentional poisoning. Of the 26 unintentional poisoning deaths in the county in that period, 96% were due to medication or drug overdoses – significantly higher than both the WNC and state averages (Injury and Violence Prevention Branch, 2015). Meanwhile, during 2012-2016 there were 43 deaths due to unintentional poisoning and although there was a dip between 2009-2013 and 2011-2015, there is an upward trend in recent years (NC State Center for Health Statistics, 2018).

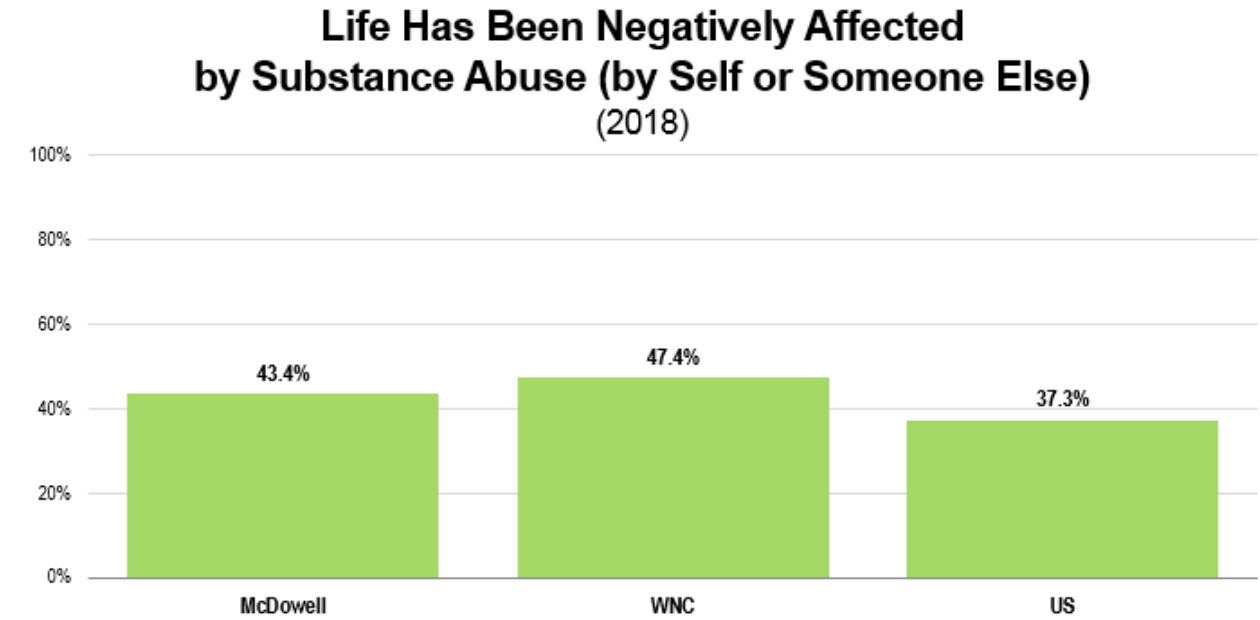
County	Unintentional Poisoning Deaths for Select Locations and Percent that are Medication/Drug Overdoses (2009-2013)*			Rate of Unintentional Medication/Drug Overdose Deaths (2009-2013)**	
	#	Rate per 100,000 NC Residents	% that are med/drug overdoses	#	Rate per 100,000 NC Residents
McDowell	26	25.1	96	25.0	24
WNC Region	560	14.8	90	506	13
State	5,309	11.0	91	4826.0	10

Source: NC State Center for Health Statistics and NC DPH

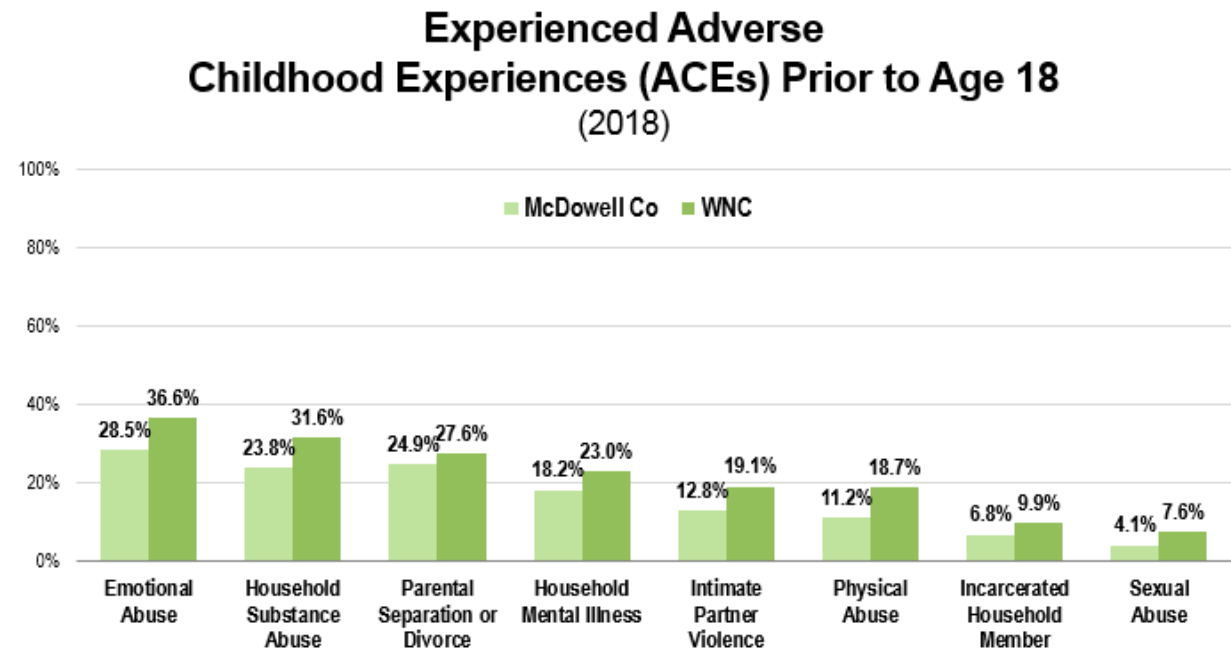


Source: NC State Center for Health Statistics

Moreover, substance abuse has adverse consequences for families, communities, and society. People who suffer from abuse or dependence are at risk for premature death, comorbid health conditions, injuries and disabilities. 43.4%, of McDowell County residents indicated that their life has been negatively affected by substance abuse (by self or someone else) and 23.8% have experienced household substance abuse prior to age 18, an Adverse Childhood Experience (WNCHN - WNC Healthy Impact Community Health Survey, 2018). Both rates do not exceed that of the WNC region.

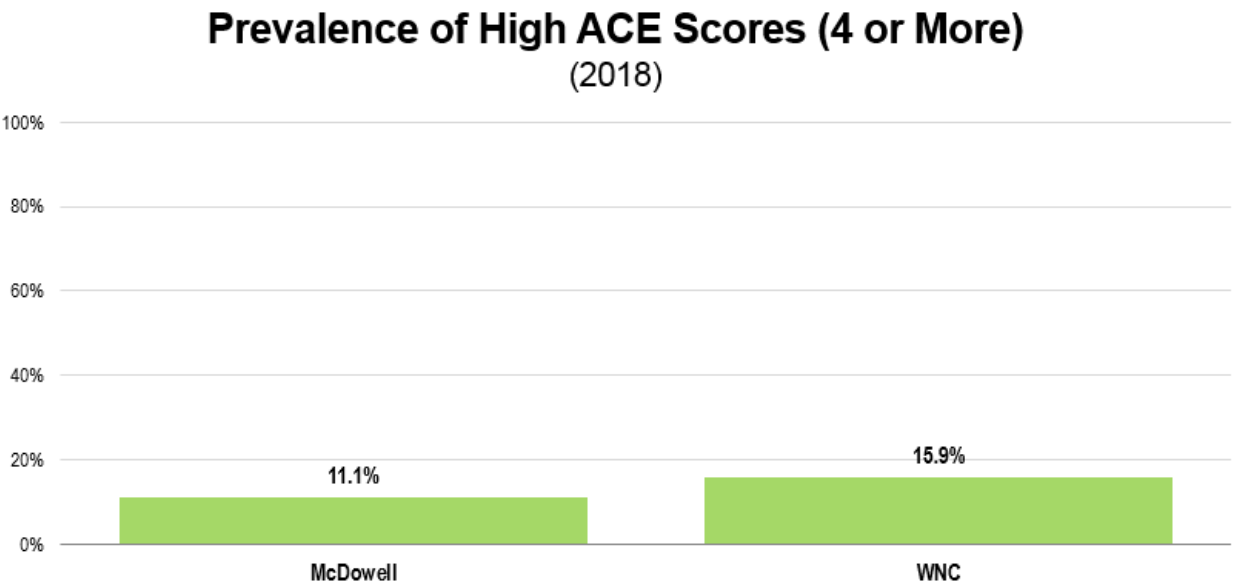


Source: WNC Healthy Impact Community Health Survey



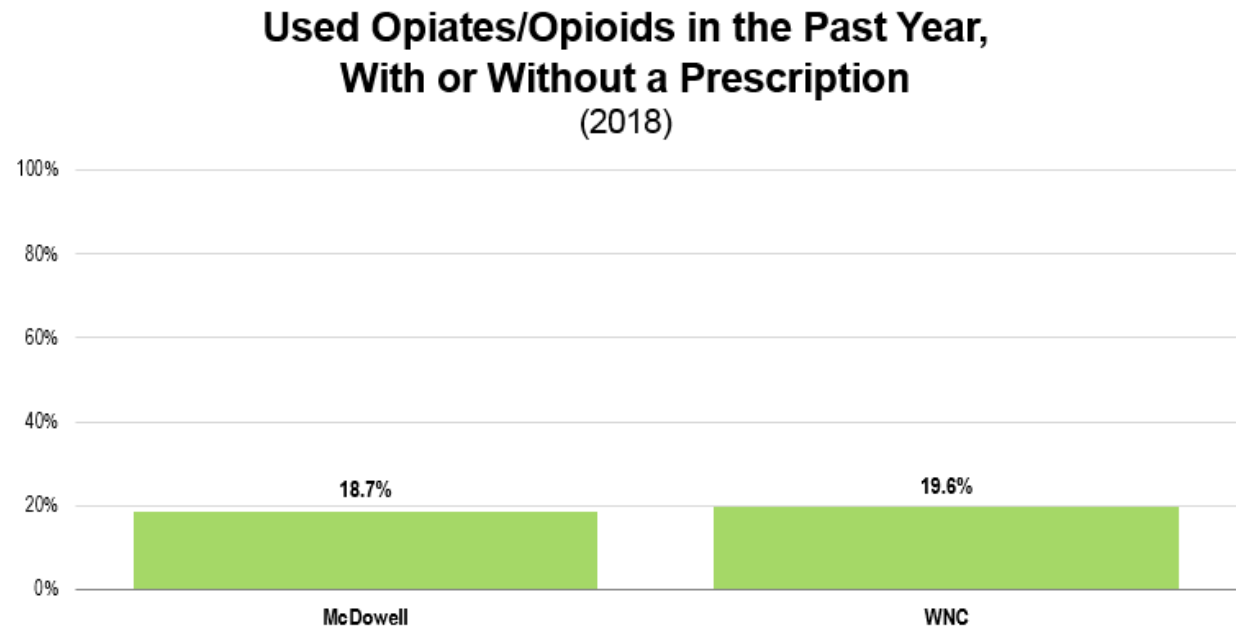
Source: WNC Healthy Impact Community Health Survey

The Centers for Disease Control and Prevention (CDC) explains that childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Adverse Childhood Experiences (ACEs) are stressful or traumatic events including abuse, neglect and household dysfunction. ACEs have been linked to risky health behaviors, chronic health conditions, low life potential and early death. As the number of ACEs increases, so does the risk for these outcomes. For McDowell County adults the prevalence of high ACE scores, meaning a score of 4 or more, is 11.1%. This is lower than that of the WNC region with a percentage of 15.9%.



Source: WNC Healthy Impact Community Health Survey

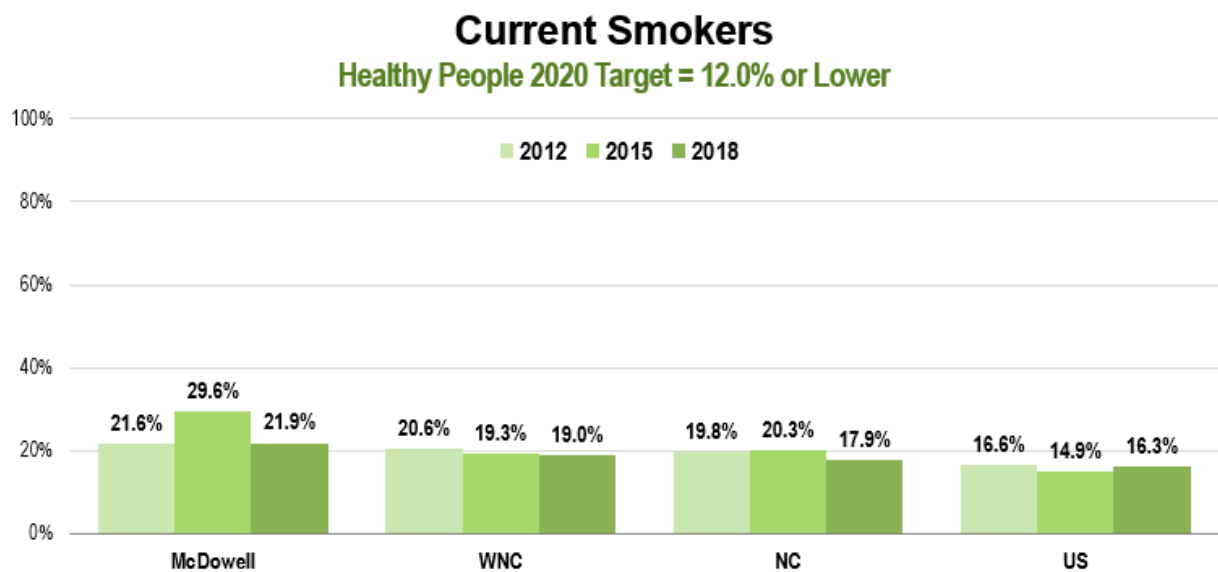
Furthermore, 18.7% of McDowell County adults have self-reported that they have used opiate/opioids in the past year, with or without a prescription. This rate is much higher than that of the WNC region, which rests at 19.6% (WNCHN - WNC Healthy Impact Community Health Survey, 2018). As of the 4th quarter in 2017, the year to date total of opioid pills dispensed to McDowell County residents was 3,303,000 and as of the 1st quarter in 2018, there were 4 EMS naloxone administrations and 5 community naloxone reversals. Community naloxone reversals are reversals by community lay people not including administration by first responders (NC Opioid Action Plan Dashboard, 2018).



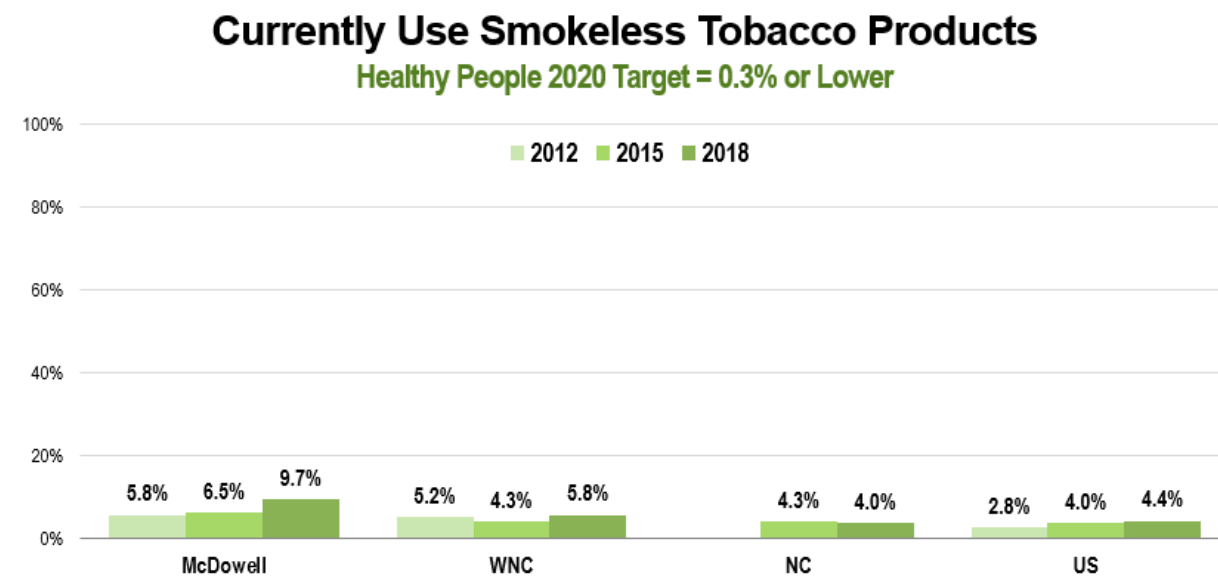
Source: WNC Healthy Impact Community Health Survey

While overdose and poisonings are significant in McDowell County, other abused substances, such as tobacco, should not be ignored. Tobacco products, like alcohol, are often the gateway to illicit drugs and can lead to unintentional injuries as they can inhibit the user’s faculties. In McDowell County 21.9% of residents are current smokers, greater than the Healthy People 2020 target of 12% or lower. More residents in McDowell county are smokers than that of the WNC region, the state and the country. Further, 9.7% of residents use smokeless tobacco – again,

greater than the Healthy People 2020 target of 0.3% or lower, and significantly higher than that of all comparator jurisdictions. Also, the newer phenomena of e-cigarettes has reached a new height and currently 5.4% of McDowell County residents are e-cigarette users. Finally, 14.0% of residents surveyed indicate that they have breathed someone else’s cigarette smoke at work in the past week (WNC Health Network, 2018).



Source: WNC Healthy Impact Community Health Survey



Source: WNC Healthy Impact Community Health Survey

What Did the Community Say?

There is great stigma surrounding substance abuse or misuse and addiction in McDowell County. Residents are left not knowing where to access help and are unable to seamlessly integrate themselves back into their communities. One Community Leader indicated that “the scope of the problem is enormous, and it is very difficult for local resources to make more than a dent in the problem.” Stakeholders add that in addition to the “stigma” associated with getting treatment, other impediments to this health issue are “oversubscribing of drugs and availability of drugs, lack of education/resources made available to individuals, availability of local, affordable treatment options, and transportation.

Fortunately, the stigma surrounding substance abuse is slowly being reduced as a McDowell County Health Provider confirms that “the adult subcommittee is working on reducing the stigma and promoting recovery.” Another Community Leader states that in McDowell County, “many agencies are coming together to support this effort and to let those with substance abuse know that someone cares.”

During the prioritization process, it was made evident that many prevention efforts, which raise awareness and education, are already being implemented. A McDowell County health provider explains that there are other areas of the issue that need attention including “substandard

housing, poverty, and isolation of individuals in rural communities. A Community leader mentions that there are also “very few social networking and/or entertainment places, so there is ‘nothing to do’ for fun causing many to have turned to drugs.”

What Else Do We Know?

Substance abuse refers to a set of related conditions associated with the consumption of mind and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues.

The 6th leading cause of death in McDowell County is “All other Unintentional Injuries,” which “all other” means not by motor vehicle. Unintentional injuries are injuries that are unplanned yet predictable and preventable when proper safety precautions are taken, such as poisonings and falls.

Young adults aged 18-25 years are more likely to report illicit drug use than people of other ages. Nearly one-third (31.5%) of McDowell County’s population is made up of individuals aged 18-39 (WNCHN - WNC Healthy Impact Community Health Survey, 2018).

What is Already Happening?

Many interventions are already taking place in the community that help prevent and address substance abuse. Some of the strategies identified include:

- The prenatal substance abuse program through MAHEC
- Substance abuse network through the Health Coalition for adults and youth
- The DARE program
- The MATCH program
- Peer support such as Brandy’s Project through East Middle School and the peer group connections at McDowell High.
- RHA Prevention Services’ education & prevention efforts
- The local effort to celebrate recovery from addiction. This includes the Recovery Rally held in downtown Marion.
- Workforce development and the local re-entry council that helps those recently released from prison to re-enter society and the workforce.

What Change Do We Want to See?

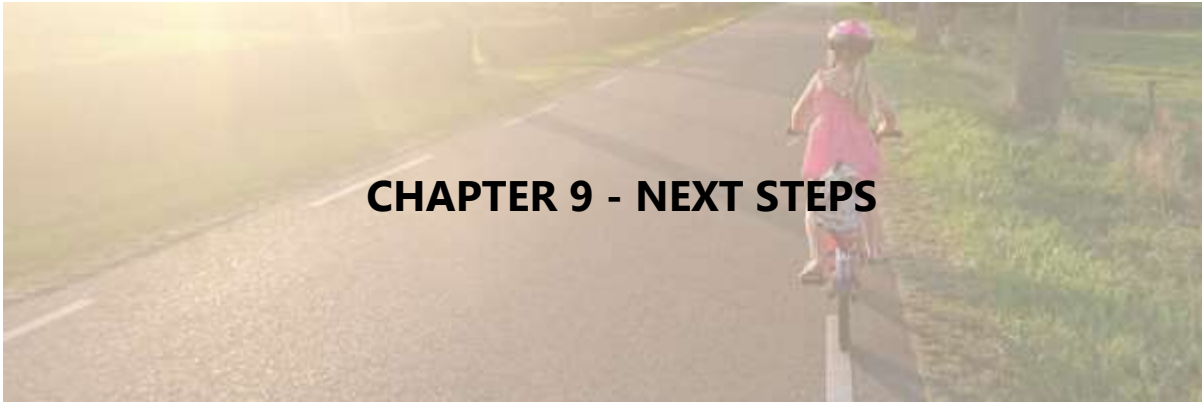
Community leaders have identified that a localized resource list needs to be created so that people in McDowell County know where to go for help. Additionally, they would like to see more quality education and intervention for younger aged children and find new and additional providers of care and counseling for those suffering from substance abuse. This includes bringing services to clients in settings they are already comfortable in and more discreet ways of accessing help.

Furthermore, substance use was ranked number one by community key informants as a health condition critical to address. Great accomplishments in this area would be to see a decrease in the misuse of substances and the use of tobacco. For example, in 2018, 18.7% of McDowell County adults self-reported having used opiates/opioids in the past year with or without a prescription. Seeing this percentage decrease and possibly even fall below the WNC region percentage of 19.6% would indicate that the community is headed in the right direction. It would also suggest that more individuals are recognizing the dangers of prescription drugs.

Not only would a decrease in the use of substances demonstrate progress, but also a decrease in the use of tobacco. The percentage of McDowell County adults who are current smokers is 21.9% meanwhile the Healthy People 2020 target is 12% or lower. A decrease in the McDowell County rate, closer to 12%, would prove to be a great achievement.

Lastly, a paramount change would be to see the driving force behind this health priority come to fruition, which is for community members to have better access to substance abuse treatment

and recovery resources. This would include more local and affordable options for McDowell County.



CHAPTER 9 - NEXT STEPS

Collaborative Planning

Collaborative planning with hospitals and other community partners will result in the creation of a community-wide plan that outlines what will be aligned, supported and/or implemented to address the priority health issues identified through this assessment process. During the six months following the completion of the CHA, the CHA facilitator will convene community partners interested in each health priority. At these meetings, partners will brainstorm and develop a community health improvement plan (CHIP), which will detail an improvement plan to address each health priority containing partner responsibilities, evidence-based strategies, timelines and more.

Sharing Findings

On December 12, a Community Forum was held at First Baptist Church in Marion in conjunction with the McDowell County Health Coalition Annual Meeting to present this CHA data to the McDowell Community. 58 people were in attendance. Representatives from the McDowell County Health Coalition, Mission Hospital McDowell, Isothermal Planning and Development Commission (IPDC), McDowell Technical Community College, NC Cooperative Extension, McDowell Government, law enforcement, and other members of the community attended the meeting and participated in strategy discussions. Agency volunteers provided facilitation for discussion in small groups following the data presentation.

Mike Conley, reporter for McDowell News, wrote a piece for the local newspaper that nicely summarizes the meeting and the CHA data.

This CHA report will be printed and distributed to McDowell County Community Leaders.

Where to Access this Report

This CHA report will be posted on the Rutherford-Polk-McDowell Health District website. A link can be found at www.rpmhd.org/healthpromotion.

This report and the Data Workbook from which the data was derived is also posted on the WNC Healthy Impact website.

A hard copy of the report will also be made available at the McDowell County Library.

For More Information and to Get Involved

For more information or to get involved please visit the Rutherford-Polk-McDowell Health District website at www.rpmhd.org/healthpromotion or contact the CHA facilitator via phone at 828-287-6100.

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PHOTOGRAPHY CREDITS

Photos used on the cover and in headers from www.pexels.com; accessed October, 2018.

All WNC landscape photos used in the headers courtesy of Patrick Williams, [Ecocline Photography](#).

Community Health Forum photo used in the priority #2 header courtesy of McDowell News; accessed March 2019.

APPENDICES

Appendix A – Data Collection Methods & Limitations

Appendix B – Data Presentation

- Data Presentation Slides

Appendix C – County Maps

Appendix D – Survey Findings

- WNC Healthy Impact Survey Instrument
- Community Health Survey Results

Appendix E – Key-Informant Survey Findings

APPENDIX A - DATA COLLECTION METHODS & LIMITATIONS

Secondary Data from Regional Core

Secondary Data Methodology

In order to learn about the specific factors affecting the health and quality of life of residents of WNC, the WNC Healthy Impact data workgroup and data consulting team identified and tapped numerous secondary data sources accessible in the public domain. For data on the demographic, economic and social characteristics of the region sources included: the US Census Bureau; Log Into North Carolina (LINC); NC Department of Health and Human Services; NC Office of State Budget and Management; NC Department of Commerce; Employment Security Commission of NC; UNC-CH Jordan Institute for Families; NC Department of Public Instruction; NC Department of Justice; NC Division of Medical Assistance; NC Department of Transportation; and the Cecil B. Sheps Center for Health Services Research. The WNC Healthy Impact data consultant team made every effort to obtain the most current data available at the time the report was prepared. It was not possible to continually update the data past a certain date; in most cases that end-point was August 2018.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, Vital Statistics unit, and Cancer Registry. Other health data sources included: NC Division of Public Health (DPH) Epidemiology Section; NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; the Centers for Disease Control and Prevention; National Center for Health Statistics; NC DPH Nutrition Services Branch; and NC DETECT.

Environmental data was gathered from sources including: US Environmental Protection Agency; US Department of Agriculture; and NC Department of Environment and Natural Resources.

Because in any CHA it is instructive to relate local data to similar data in other jurisdictions, throughout this report representative county data is compared to like data describing the 16-county region and the state of NC as a whole. The WNC regional comparison is used as “peer” for the purposes of this assessment. Where appropriate and available, trend data has been used to show changes in indicators over time.

It is important to note that this report contains data retrieved directly from sources in the public domain. In some cases the data is very current; in other cases, while it may be the most current available, it may be several years old. Note also that the names of organizations, facilities, geographic places, etc. presented in the tables and graphs in this report are quoted exactly as they appear in the source data. In some cases these names may not be those in current or local usage; nevertheless they are used so readers may track a particular piece of information directly back to the source.

Gaps in Available Information

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

WNC Healthy Impact Survey (Primary Data)

Survey Methodology

The 2018 WNC Healthy Impact Community Health Survey was conducted from March to June. The purpose of the survey was to collect primary data to supplement the secondary core dataset, allow individual counties in the region to collect data on specific issues of concern, and hear from community members about their concerns and priorities. The survey was conducted throughout the entire WNC Healthy Impact region, which includes the following 16 counties: Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania and Yancey.

Professional Research Consultants, Inc. (PRC) designed and implemented the survey methodology, which included a combination of telephone (both landline and cell phone) interviews, as well as an online survey. The survey methodology was designed to achieve a representative sample of the regional population that would allow for stratification by certain demographic characteristics, while also maximizing data collection timeliness and efficiency. Survey sampling and implementation methodology is described in greater detail below.

Survey Instrument

The survey instrument was developed by WNC Healthy Impact's data workgroup, consulting team, and local partners, with assistance from PRC. Many of the questions were derived from the CDC Behavioral Risk Factor Surveillance System (BRFSS) and other validated public health surveys. Other questions were developed specifically by WNC Healthy Impact, with input from regional and local partners, to address particular issues of interest to communities in western North Carolina. Each county was given the opportunity to include three additional questions of particular interest to their county, which were asked only of their county's residents.

The three additional county questions included in the 2018 survey were:

- 1) Do you currently have access to the internet for PERSONAL use, either at home, work, or school? (yes/no)
- 2) Was there a time in the past 12 months when you did not have electricity, water, or heating in your home? (yes/no)
- 3) How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say:
(Always/Usually/Sometimes/Seldom/Never)

Sampling Approach & Design

PRC designed the survey methodology to minimize sample bias and maximize representativeness by using best practice random-selection sampling techniques. They also used specific data analysis techniques, including poststratification, to further decrease sample bias and account for underrepresented groups or nonresponses in the population. Poststratification involves selecting demographic variables of interest within the population (here, gender, age, race, ethnicity, and poverty status) and then applying "weights" to the data to produce a sample which more closely matches the actual regional population for these characteristics. This technique preserves the integrity of each individual's responses while improving overall representativeness. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution to appropriately represent Western North Carolina as a whole. Since the sample design and quality control procedures used in the data collection ensure that the sample is representative, the findings may be generalized to the region with a high degree of confidence.

Survey Administration

PRC piloted the survey through 30 interviews across the region and consulted with WNC Health Network staff to resolve substantive issues before full implementation. PRC used trained, live interviewers and an automated computer-aided telephone interviewing system to administer the survey region-wide. Survey interviews were conducted primarily during evening and weekend

hours, with some daytime weekday attempts. Interviewers made up to five call attempts per telephone number. Interviews were conducted in either English or Spanish, as preferred by respondents. The final sample included 29 percent cell phone-based survey respondents and 71 percent landline-based survey respondents. Including cell phone numbers in the sampling algorithm allowed better representation of demographic segments that might otherwise be under sampled in a landline-only model.

PRC also worked with a third-party provider to identify and invite potential respondents for an online survey for a small proportion (20%) of the sample population. The online survey was identical to the telephone survey instrument and allowed better sampling of younger and more urban demographic segments.

About the McDowell County Sample

Size: The total regional sample size was 3,265 individuals age 18 and older, with 200 from our county. PRC conducted all analysis of the final, raw dataset.

Sampling Error: For our county-level findings, the maximum error rate at the 95% confidence level is +6.9%.

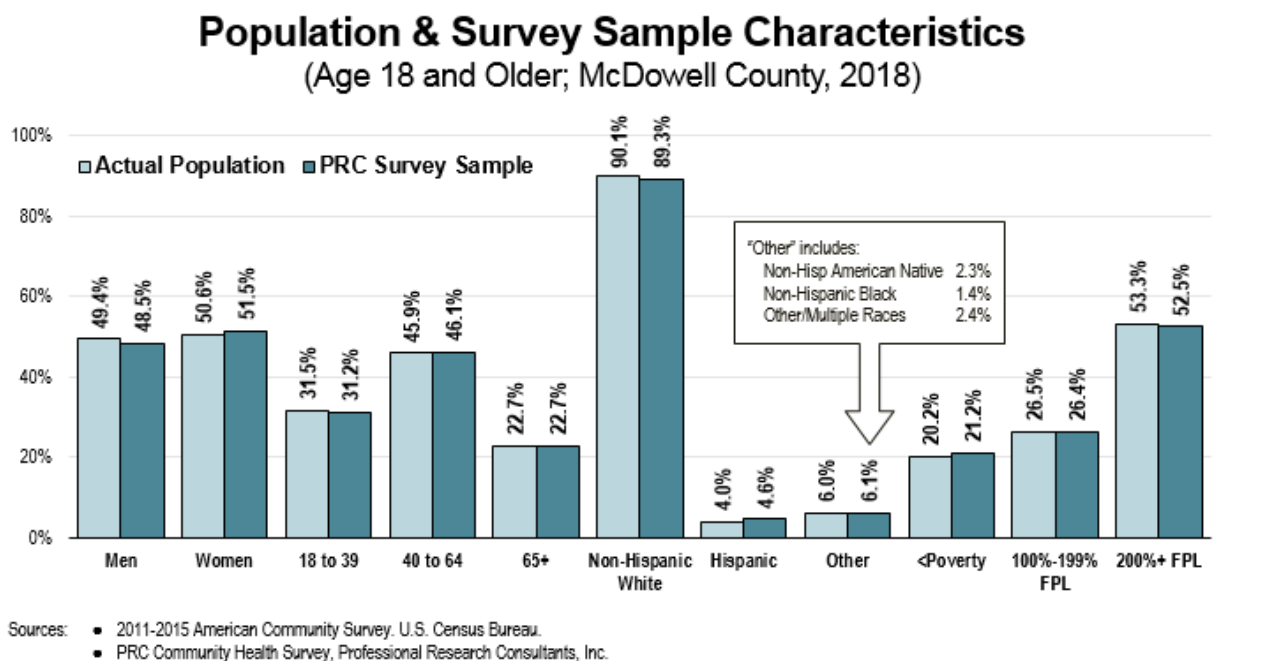
Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence

Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:

- If 10% of a sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Characteristics: The following chart outlines the characteristics of the survey sample for our county by key demographic variables, compared to actual population characteristics from census data. Note that the sample consists solely of area residents age 18 and older.



Benchmark Data

North Carolina Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts where available, are taken from the 2017 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Online Key Informant Survey (Primary Data)

Online Survey Methodology

Purpose and Survey Administration

WNC Healthy Impact, with support from PRC, implemented an Online Key Informant Survey to solicit input from local leaders and stakeholders who have a broad interest in the health of the community. WNC Healthy Impact shared with PRC a list of recommended participants, including those from our county. This list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted through an email that introduced the purpose of the survey and provided a link to take the survey online. Reminder emails were sent as needed to increase participation.

Online Survey instrument

The survey provided respondents the opportunity to identify critical health issues in their community, the feasibility of collaborative efforts around health issues, and what is helping/hurting their community’s ability to make progress on health issues.

Participation

In all, 20 community stakeholders took part in the Online Key Informant Survey for our county, as outlined below:

Local Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community Leader	28	12
Other Health Provider	8	4
Physician	3	1
Public Health Representative	3	3
Social Services Provider	0	0

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Online Survey Limitations

The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

To collect this data, purposive sampling (a type of non-probability sampling which targets a specific group of people) was used. Unlike the random sampling technique employed in the telephone survey, the purpose is not to make generalizations or statistical inferences from the sample to the entire population, but to gather in-depth insights into health issues from a group of individuals with a specific perspective.

Data Definitions

Reports of this type customarily employ a range of technical terms, some of which may be unfamiliar to many readers. Health data, which composes a large proportion of the information included in this report, employs a series of very specific terms which are important to interpreting the significance of the data. While these technical health data terms are defined in the report at the appropriate time, there are some data caveats that should be applied from the onset.

Error

First, readers should note that there is some error associated with every health data source. Surveillance systems for communicable diseases and cancer diagnoses, for instance, rely on reports submitted by health care facilities across the state and are likely to miss a small number

of cases, and mortality statistics are dependent on the primary cause of death listed on death certificates without consideration of co-occurring conditions.

Age-adjusting

Secondly, since much of the information included in this report relies on mortality data, it is important to recognize that many factors can affect the risk of death, including race, gender, occupation, education and income. The most significant factor is age, because an individual's risk of death inevitably increases with age. As a population ages, its collective risk of death increases; therefore, an older population will automatically have a higher overall death rate just because of its age distribution. At any one time some communities have higher proportions of "young" people, and other communities have a higher proportion of "old" people. In order to compare mortality data from one community with the same kind of data from another, it is necessary first to control for differences in the age composition of the communities being compared. This is accomplished by age-adjusting the data.

Age-adjustment is a statistical manipulation usually performed by the professionals responsible for collecting and cataloging health data, such as the staff of the NC State Center for Health Statistics (NC SCHS). It is not necessary to understand the nuances of age-adjustment to use this report. Suffice it to know that age-adjusted data are preferred for comparing most health data from one population or community to another and have been used in this report whenever available.

Rates

Thirdly, it is most useful to use rates of occurrence to compare data. A rate converts a raw count of events (deaths, births, disease or accident occurrences, etc.) in a target population to a ratio representing the number of same events in a standard population, which removes the variability associated with the size of the sample. Each rate has its own standard denominator that must be specified (e.g., 1,000 women, 100,000 persons, 10,000 people in a particular age group, etc.) for that rate.

While rates help make data comparable, it should be noted that small numbers of events tend to yield rates that are highly unstable, since a small change in the raw count may translate to a large change in rate. To overcome rate instability, another convention typically used in the presentation of health statistics is data aggregation, which involves combining like data gathered over a multi-year period, usually three or five years. The practice of presenting data that are aggregated avoids the instability typically associated with using highly variable year-by-year data, especially for measures consisting of relatively few cases or events. The calculation is performed by dividing the sum number of cases or deaths in a population due to a particular cause over a period of years by the sum of the population size for each of the years in the same period.

Health data for multiple years or multiple aggregate periods is included in this report wherever possible. Sometimes, however, even aggregating data is not sufficient, so the NC SCHS recommends that rates based on fewer than 20 events—whether covering an aggregate period or not—be considered unstable. In fact, in some of its data sets the NC SCHS no longer calculates rates based on fewer than 20 events. To be sure that unstable data do not become the basis for local decision-making, this report will highlight and discuss primarily rates based on 20 or more events in a five-year aggregate period, or 10 or more events in a single year. Where exceptions occur, the text will highlight the potential instability of the rate being discussed.

Regional arithmetic mean

Fourthly, sometimes in order to develop a representative regional composite figure from sixteen separate county measures the consultants calculated a regional arithmetic mean by summing the available individual county measures and dividing by the number of counties providing those measures. It must be noted that when regional arithmetic means are calculated from rates the mean is not the same as a true average rate but rather an approximation of it. This is because most rates used in this report are age adjusted, and the regional mean cannot be properly age-adjusted.

Describing difference and change

Fifthly, in describing differences in data of the same type from two populations or locations, or changes over time in the same kind of data from one population or location—both of which appear frequently in this report—it is useful to apply the concept of percent difference or change. While it is always possible to describe difference or change by the simple subtraction of a smaller number from a larger number, the result often is inadequate for describing and understanding the scope or significance of the difference or change. Converting the amount of difference or change to a percent takes into account the relative size of the numbers that are changing in a way that simple subtraction does not, and makes it easier to grasp the meaning of the change.

For example, there may be a rate of for a type of event (e.g., death) that is one number one year and another number five years later. Suppose the earlier figure is 12.0 and the latter figure is 18.0. The simple mathematical difference between these rates is 6.0. Suppose also there is another set of rates that are 212.0 in one year and 218.0 five years later. The simple mathematical difference between these rates also is 6.0. But are these same simple numerical differences really of the same significance in both instances? In the first example, converting the 6 point difference to a percent yields a relative change factor of 50%; that is, the smaller number increased by half, a large fraction. In the second example, converting the 6 point difference to a percent yields a relative change factor of 2.8%; that is, the smaller number increased by a relatively small fraction. In these examples the application of percent makes it very clear that the difference in the first example is of far greater degree than the difference in the second example. This document uses percentage almost exclusively to describe and highlight degrees of difference and change, both positive (e.g., increase, larger than, etc.) and negative (e.g., decrease, smaller than, etc.).

Data limitations

Some data that is used in this report may have inherent limitations, due to the sample size, its geographic focus, or its being out-of-date, for example, but it is used nevertheless because there is no better alternative. Whenever this kind of data is used, it will be accompanied by a warning about its limitations.

APPENDIX B – DATA PRESENTATION



2018 Community Health Assessment

Rutherford-Polk-McDowell
Health District
ycisneros@rpmhd.org

Why and When Does the CHA Happen?

- ❖ A requirement included in the Consolidated Agreement between the NC Division of Public Health and local health departments.
- ❖ Required for local health department accreditation.
- ❖ The CHA is conducted every 3 years.
- ❖ A State of the County Health (SOTCH) Report is submitted in each of the intervening years. This report:
 - ❖ Reviews changes in the data that guided the selection of priorities
 - ❖ Reports on progress made in the last year towards selected priorities
 - ❖ Reports on new and emerging issues in the community



What is the Purpose of the CHA?

- ❖ Ultimate Goal: To make NC one of the healthiest states in the nation.
- ❖ Founded on principles of collaboration, community mobilization and empowerment.
- ❖ Describes the health status of the community
- ❖ It is used to identify priority health issues & to plan interventions to build healthier communities.
- ❖ Provide direction for the planning of disease prevention and health promotion services and activities.

Composed of 4 Sources

- ❖ Secondary data from the State Center for Health Statistics comparing our county to the WNC region – aggregate data.
- ❖ Key informant survey – 20 community leaders in McDowell County
- ❖ Telephone survey of a random sample of adults in the county.
- ❖ Maps



WE CAN'T DO THIS ALONE

Many community
partners involved,
including:

- Atty Board of Health
- City of Marion
- Corpening Memorial YMCA
- HEAL Catalyst
- McDowell County Ag Extension
- McDowell County Schools
- McDowell County Senior Center
- McDowell Health Coalition
- McDowell Hospital Board Trustee
- McDowell Technical Community College
- Mission Hospital McDowell Board
- Public Health
- RPM Health District
- Superintendent, McDowell Schools
- YMCA of WNC/Mission Hospital McDowell Board Chair

2018 Top Two Health Priorities

1. Mental Health & Suicide Prevention
2. Substance abuse – including tobacco



LET'S
LOOK AT
SOME
DATA

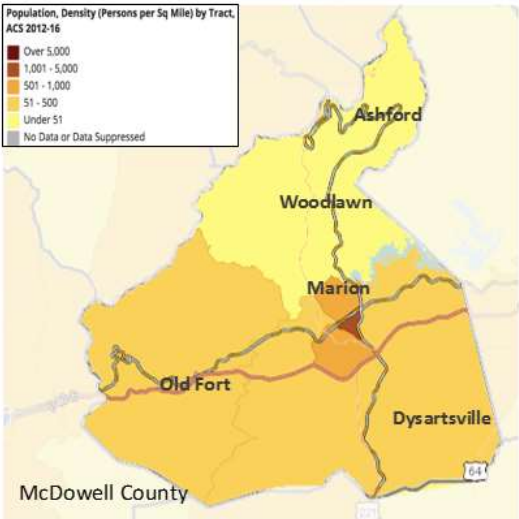
DEMOGRAPHICS

- ❖ 2017 Population Estimate: 46,171
 - ❖ Population in 2010: 44,996
- ❖ White: 92.8%
- ❖ Black or African American: 3.9%
- ❖ Hispanic or Latino: 7.0%
- ❖ Asian and Pacific Islander : 0.9%
- ❖ American Indian/Alaskan Native: 1.0%



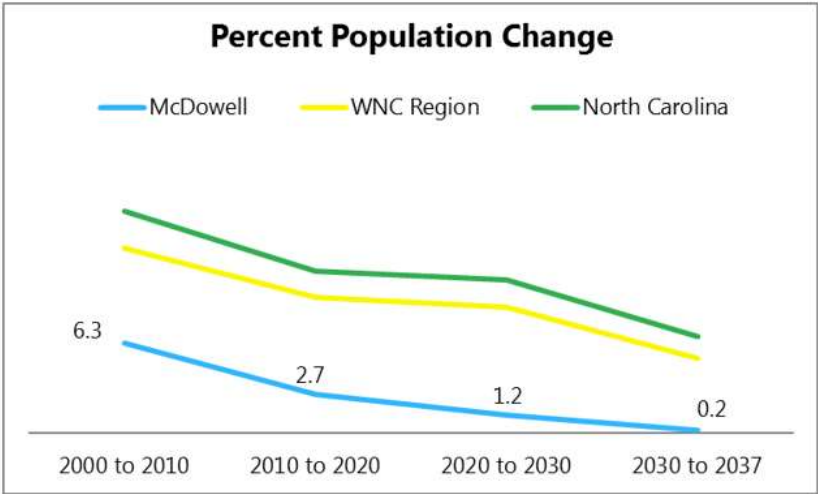
ACS Demographic and Housing Estimates (DP05). 2016 ACS 5-year estimates. Retrieved on March 28, 2018, from U.S. Census Bureau, American FactFinder website:
<http://factfinder2.census.gov>.

Population, Density

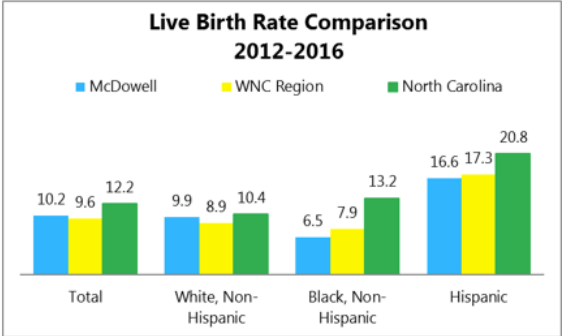


[Click to see map in Community Commons](#)

POPULATION GROWTH

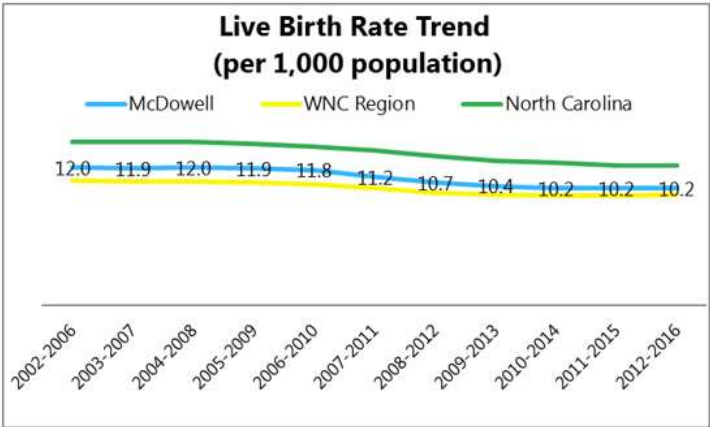


Population Overview - 2010-2037, last updated October 2, 2017. Retrieved March 29, 2018, from North Carolina Office of State Budget and Management County/State Population Projections website: <https://www.osbm.nc.gov/demog/county-projections>



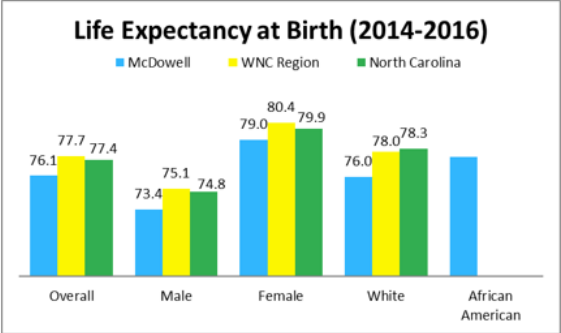
Live Birth Rate Comparison

Selected Vital Statistics, Volume 1 - 2016. Retrieved March 29, 2018 from North Carolina State Center for Health Statistics (NC SCHS), North Carolina Vital Statistics website: <http://www.schs.state.nc.us/data/vital/volume1/2016/>



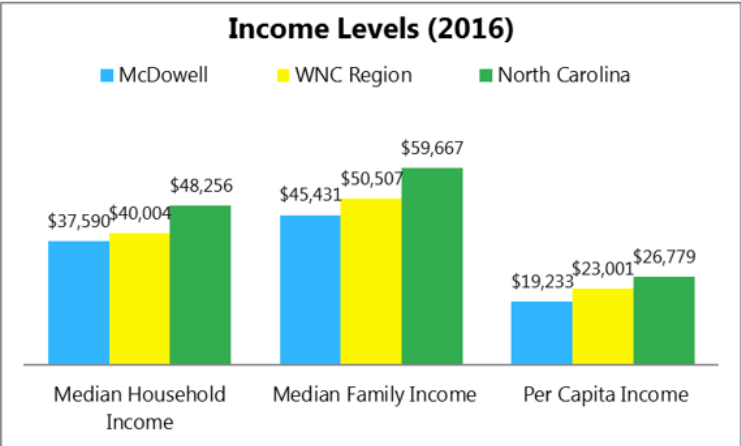
Live Birth Rate Trend

Selected Vital Statistics, Volume 1 - 2016. Retrieved March 29, 2018 from North Carolina State Center for Health Statistics (NC SCHS), North Carolina Vital Statistics website: <http://www.schs.state.nc.us/data/vital/volume1/2016/>

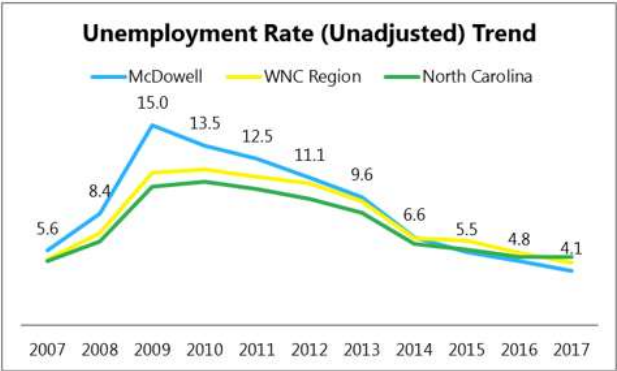


Life Expectancy

2016 State of North Carolina and 2014-2016 County Life Expectancy at Birth. Retrieved June 22, 2018, North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: <https://schs.dph.ncdhhs.gov/data/databook/>



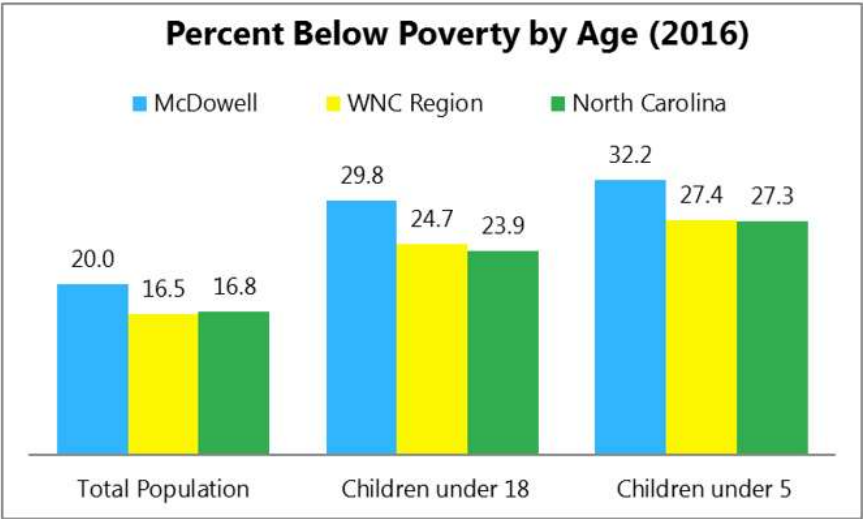
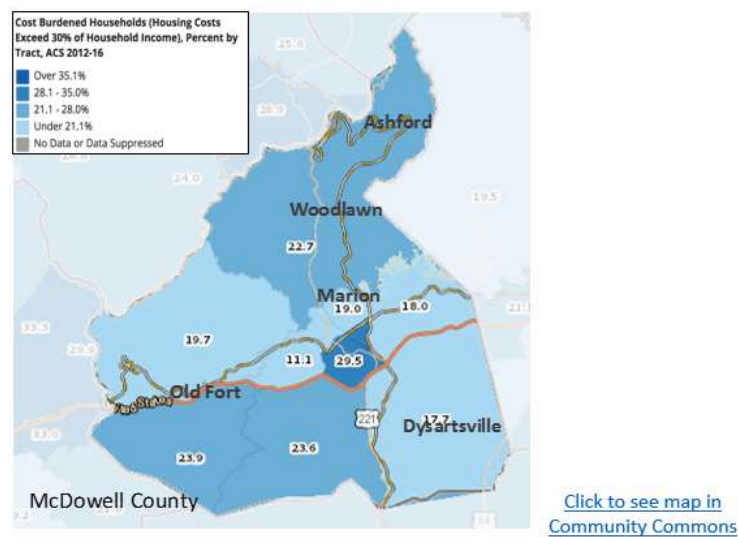
Note: Households include all the people who occupy a housing unit. The occupants may be a single family, one person living alone, or two or more families living together, or any other group of related or unrelated people who share living arrangements
Note: Family Households consist of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder's family in tabulations.



Labor Force (LAUS) - Unemployment Rate, Monthly Unadjusted, 2017. Retrieved April 24, 2018, from North Carolina Department of Commerce, Labor and Economic Analysis Division AccessNC website: https://accessnc.opendatasoft.com/pages/dashboard_laborforce_laus/

Unemployment Trend

Percent of Cost Burdened Households



Poverty Status in the Past 12 Months, 2012-2016 American Community Survey 5-Year Estimates (S1701). Retrieved April 3, 2018, from U.S. Census Bureau American FactFinder website: <http://factfinder2.census.gov>

Rank	Cause of Death	McDowell	
		# Deaths	Death Rate
1	Cancer	575	185.2
2	Diseases of Heart	542	178.0
3	Chronic Lower Respiratory Diseases	208	65.5
4	Cerebrovascular Disease	131	44.4
5	Alzheimer's disease	131	43.6
6	All Other Unintentional Injuries	111	43.3
7	Diabetes Mellitus	78	25.2
8	Pneumonia and Influenza	59	19.8
9	Suicide	42	18.2
10	Unintentional Motor Vehicle Injuries	34	13.9
11	Septicemia	40	13.5
12	Nephritis, Nephrotic Syndrome, and Nephrosis	40	13.1
13	Chronic Liver Disease and Cirrhosis	36	11.8
14	Homicide	15	7.1
15	Acquired Immune Deficiency Syndrome	1	0.3
All Causes (some not listed)		2,575	868.9

LEADING CAUSES OF DEATH

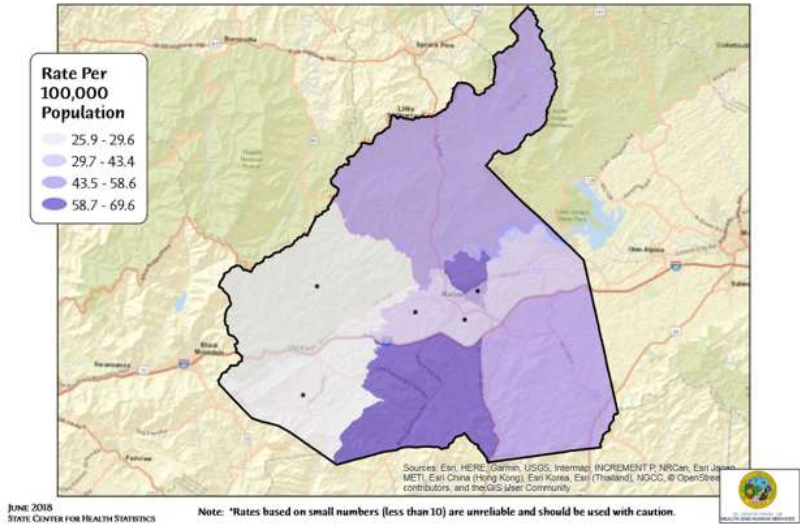
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD21B). Retrieved on June 22, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: <https://schs.dph.ncdhs.gov/data/databook/>

McDowell County				
Age Group	Rank	Leading Cause of Death	# Deaths	Death Rate
00-19	1	Congenital anomalies (birth defects)	7	13.6
	2	Conditions originating in the perinatal period	5	9.7
		Motor vehicle injuries	4	7.8
20-39	1	Other Unintentional injuries	18	35.1
	2	Suicide	11	21.4
	3	Cancer - All Sites	10	19.5
40-64	1	Cancer - All Sites	152	187.8
	2	Diseases of the heart	105	129.7
	3	Chronic lower respiratory diseases	41	50.7
		Other Unintentional injuries	41	50.7
65-84	1	Cancer - All Sites	332	903.7
	2	Diseases of the heart	268	729.5
	3	Chronic lower respiratory diseases	136	370.2
85+	1	Diseases of the heart	167	3576.0
	2	Cancer - All Sites	80	1713.1
	3	Alzheimer's disease	77	1648.8

Causes of Death by Age

1 - 2012-2016 Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups NC 2012-2016. Retrieved June 25, 2018, from North Carolina Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: <https://schs.dph.ncdhs.gov/data/databook/>

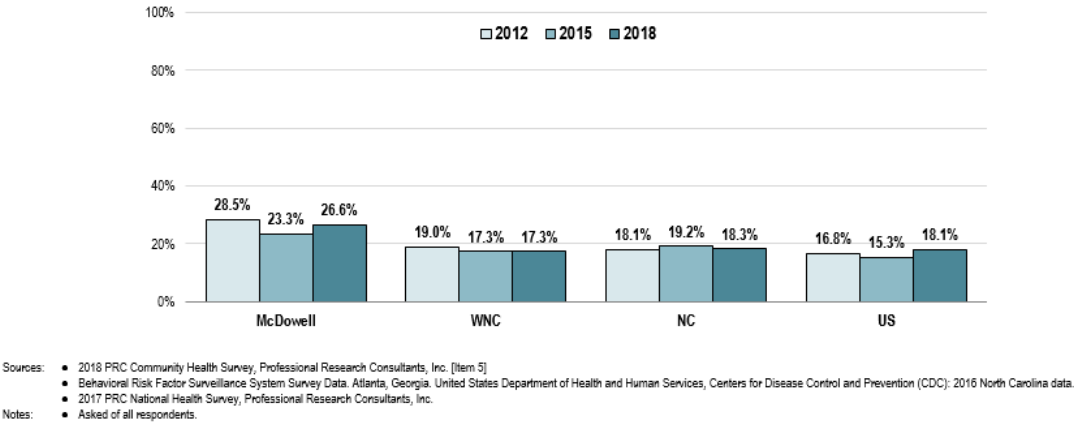
Other Unintentional Injuries Mortality Rates



Overall Health



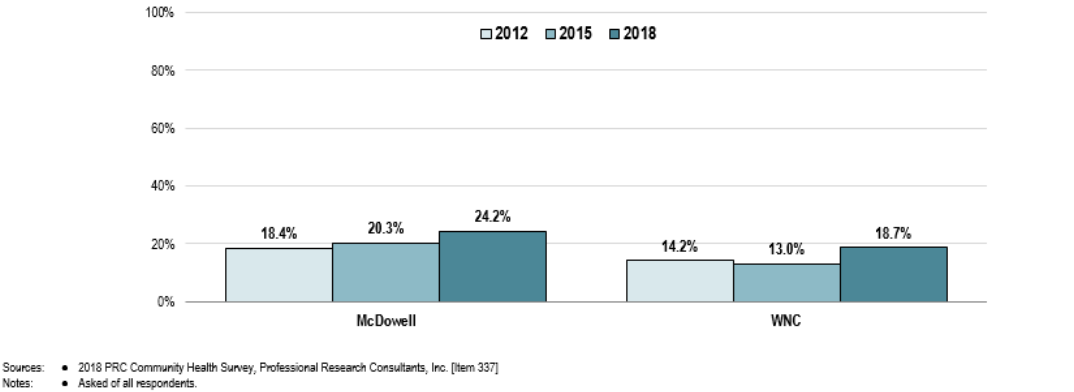
Experience “Fair” or “Poor” Overall Health

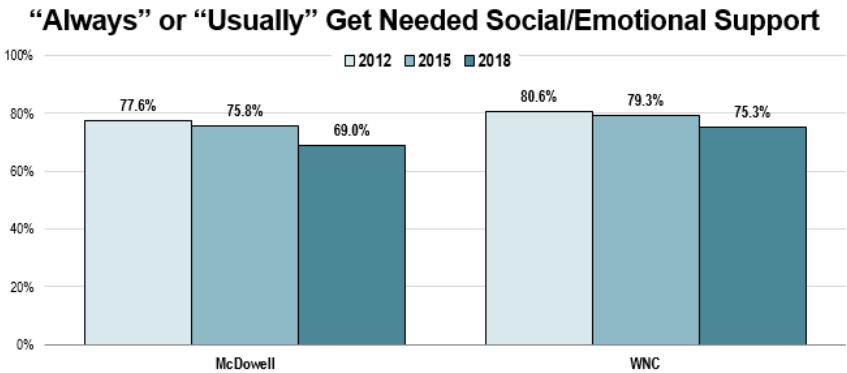


Mental Health

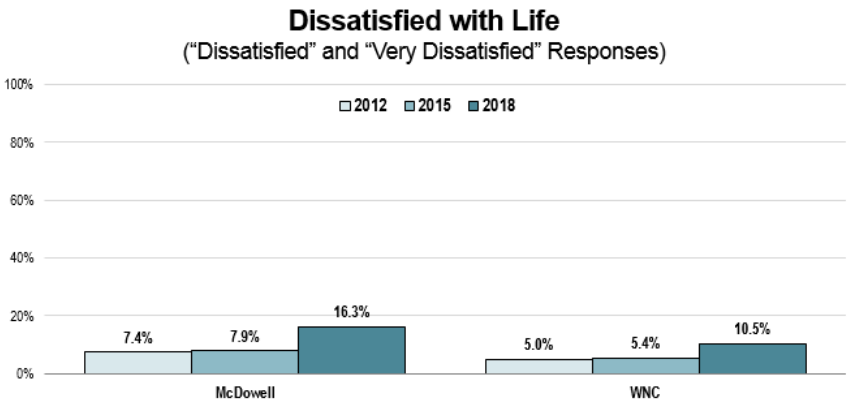


>7 Days of Poor Mental Health in the Past Month

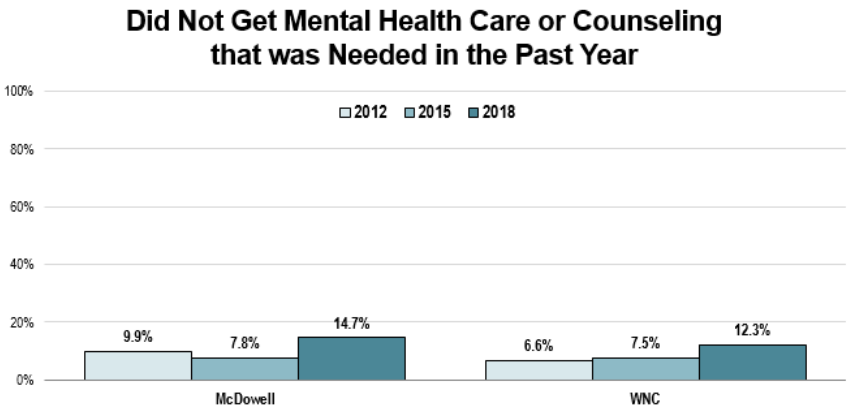




Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
Notes: Includes "always" and "usually" responses.



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: Asked of all respondents.



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: Asked of all respondents.



Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

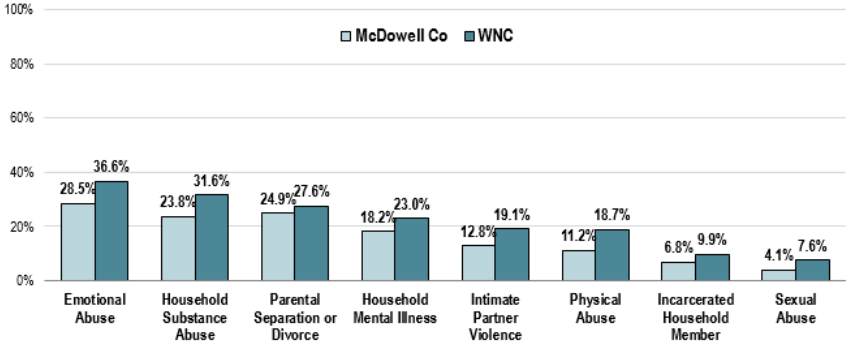
Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]
Notes: Reflects the total sample of respondents.

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Professional Research Consultants, Inc.



Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)



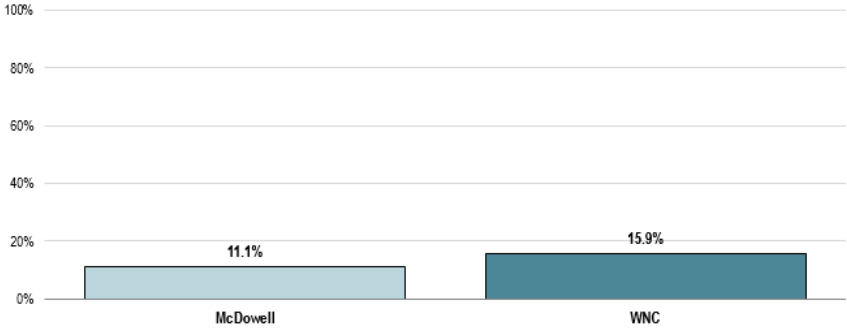
Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]
Notes: Asked of all respondents (Adults 18+). ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

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Prevalence of High ACE Scores (4 or More) (2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]
Notes: Asked of all respondents (Adults 18+). ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts. Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

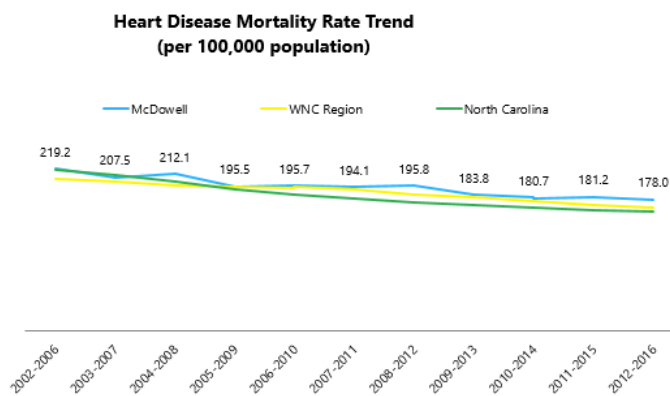
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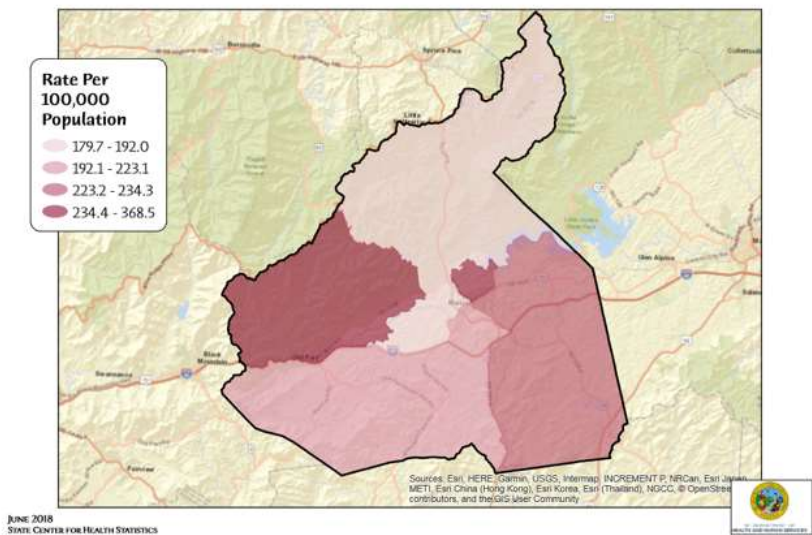


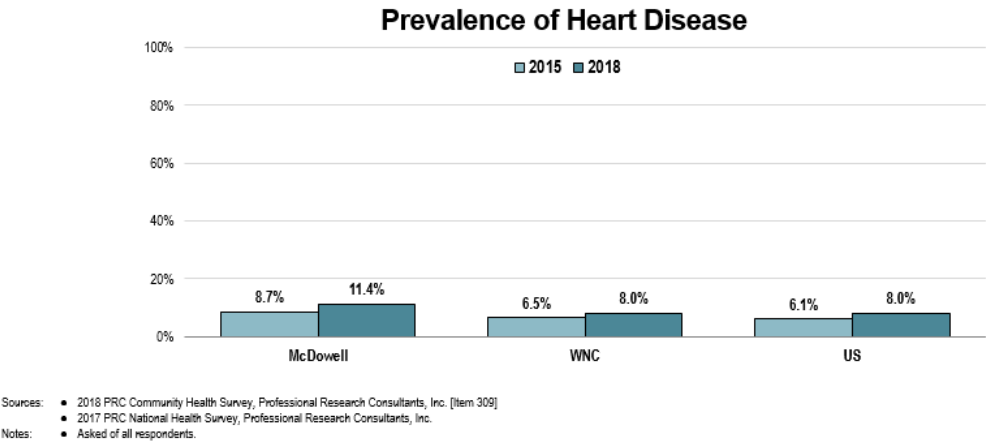
Chronic Disease

Heart Disease Mortality Rate Trend



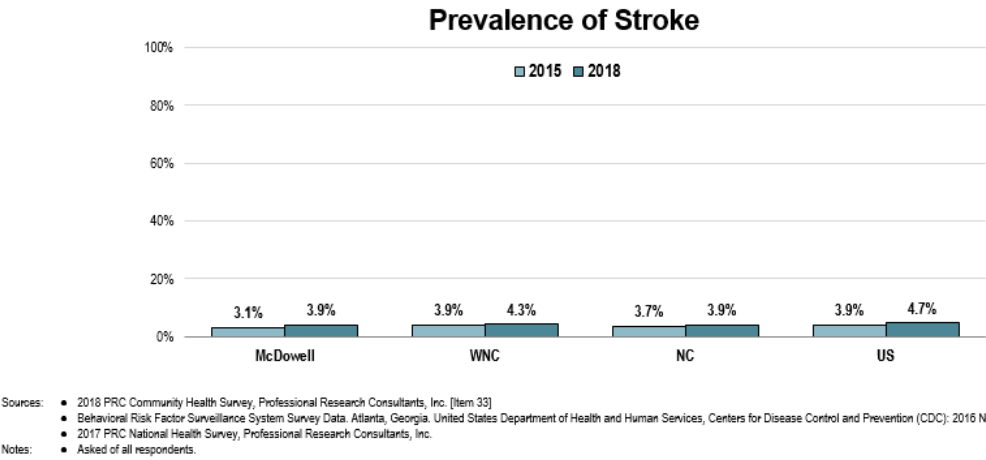
Heart Disease Mortality Rates





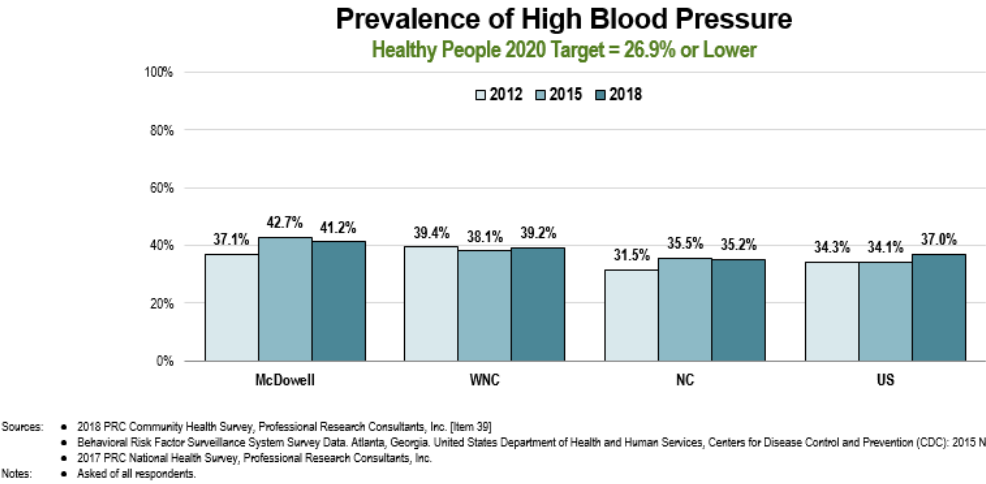
©2017 Professional Research Consultants, Inc.

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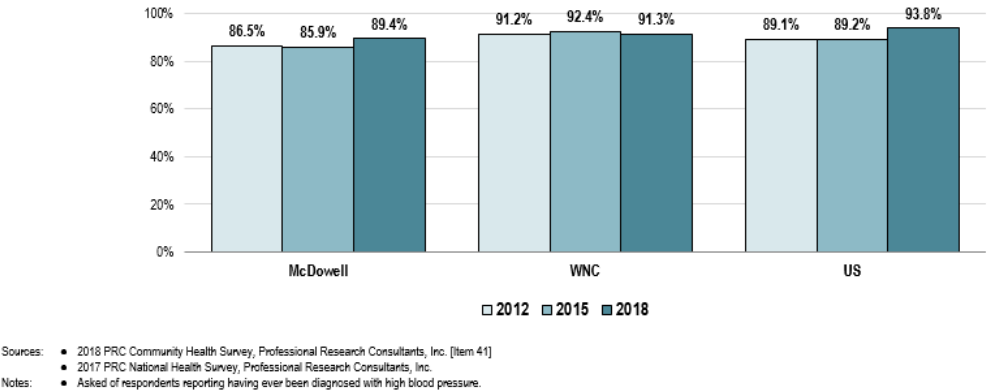


©2017 Professional Research Consultants, Inc.

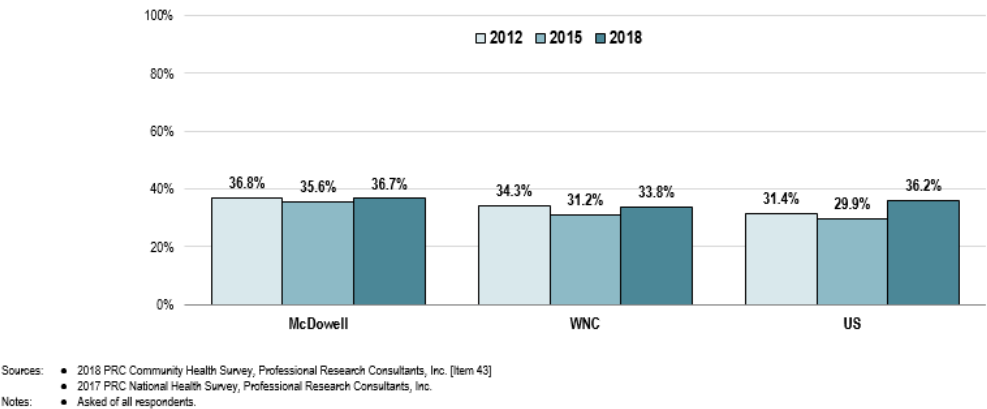
Professional Research Consultants, Inc.



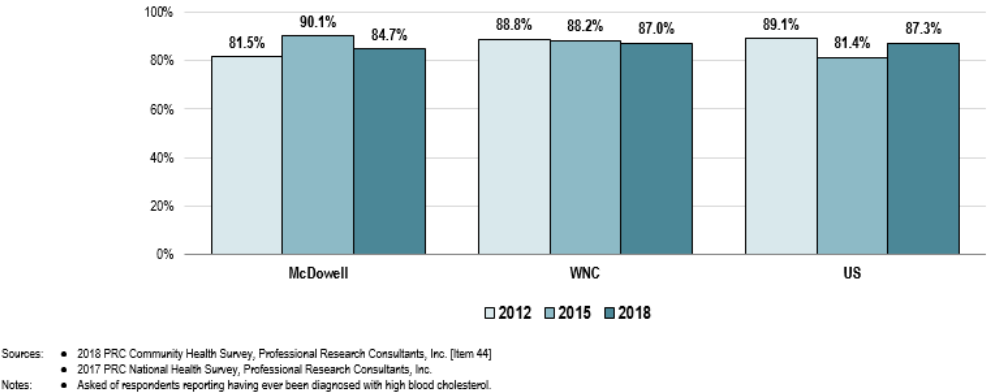
Taking Action to Control High Blood Pressure (Among Adults with High Blood Pressure)



Prevalence of High Blood Cholesterol Healthy People 2020 Target = 13.5% or Lower

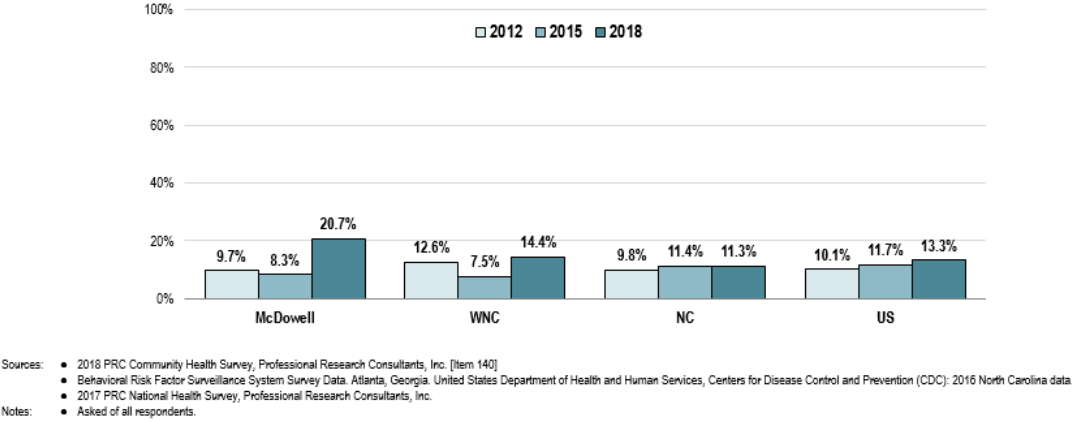


Taking Action to Control High Blood Cholesterol (Among Adults with High Blood Cholesterol Levels)





Prevalence of Diabetes (Ever Diagnosed)

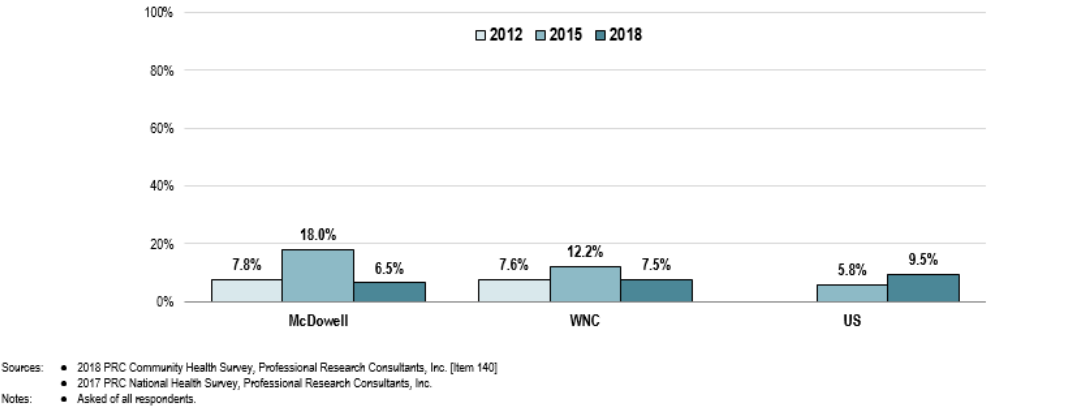


©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.

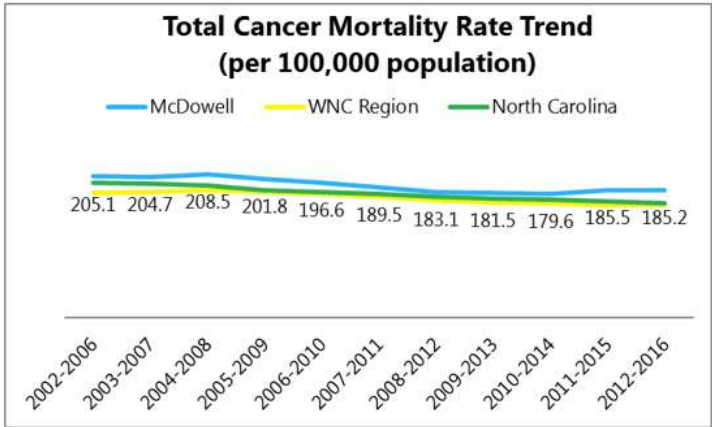


Prevalence of Borderline or Pre-Diabetes



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Professional Research Consultants, Inc.



Total Cancer Mortality Rate Trend

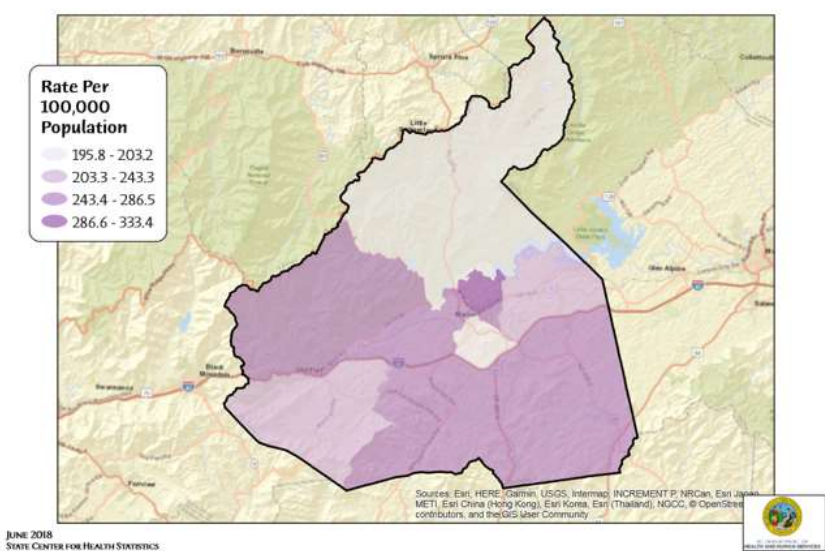
2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County (CD218). Retrieved on June 25, 2018, from North Carolina State Center for Health Statistics (NC SCHS), 2018 County Health Data Book website: <https://schs.dph.ncdhhs.gov/data/databook/>





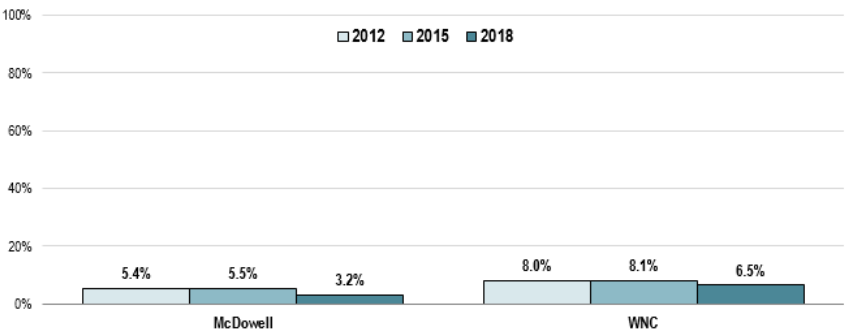
Food and Nutrition

All Cancers Mortality Rates



PRC Community Health Needs Assessment

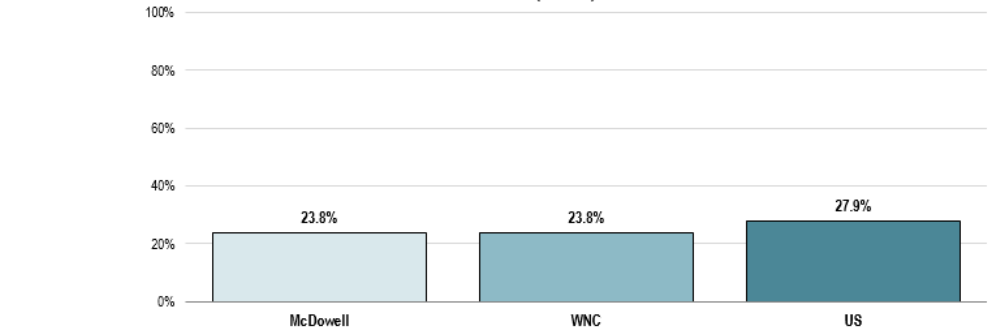
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.



Food Insecurity (2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

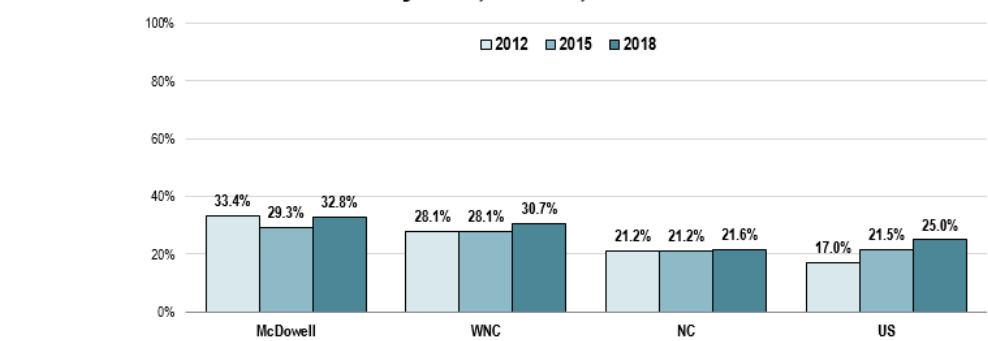
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Physical Activity



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources:

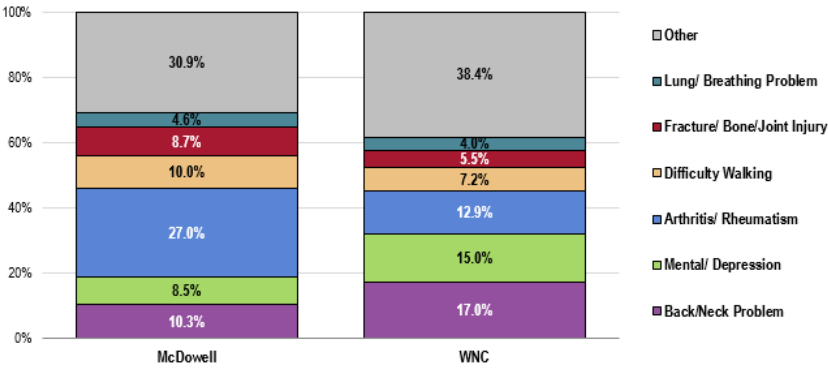
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.



Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; By County, 2018)



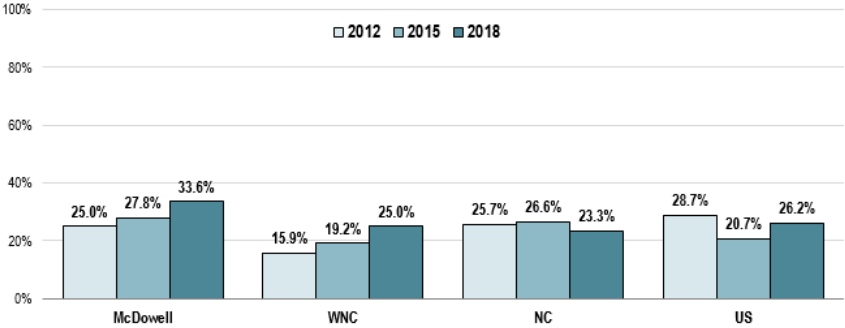
Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: Asked of respondents who noted some type of activity limitation.

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No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
2017 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
Notes: Asked of all respondents.

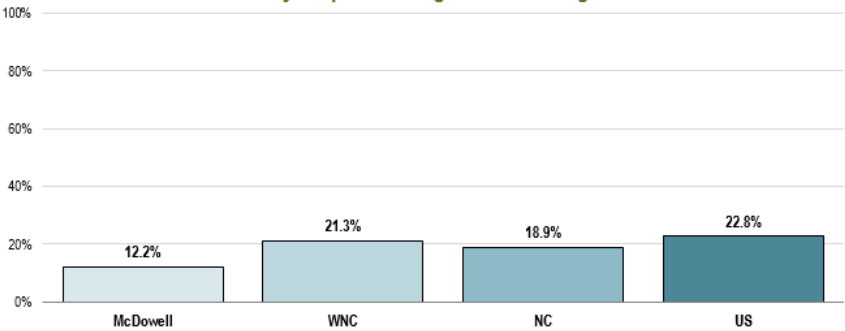
©2017 Professional Research Consultants, Inc.

Professional Research Consultants, Inc.



Meets Physical Activity Recommendations
(2018)

Healthy People 2020 Target = 20.1% or Higher



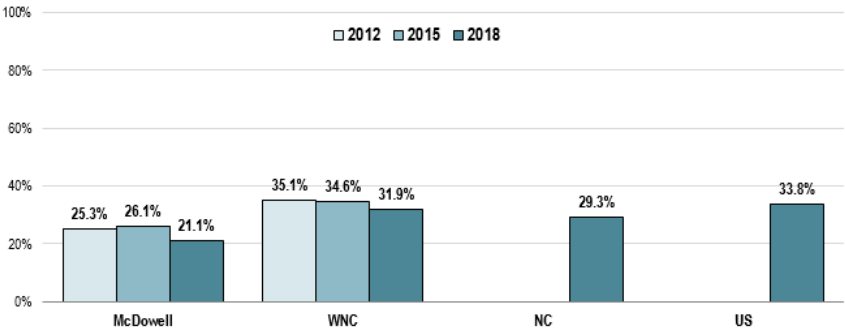
Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 North Carolina data.
2017 PRC National Health Survey, Professional Research Consultants, Inc.
US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
Notes: Asked of all respondents.

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Strengthening Physical Activity



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

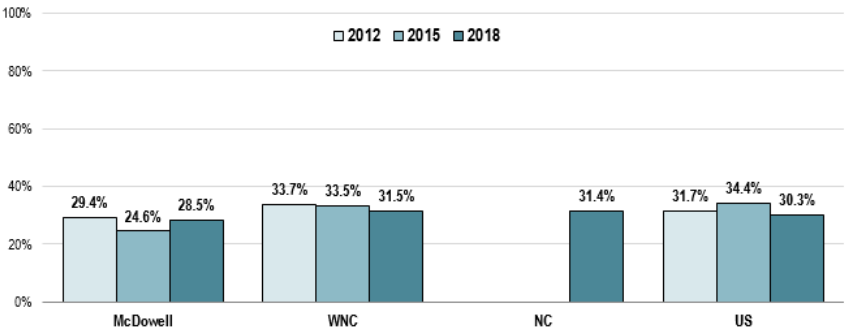
- Asked of all respondents.
- Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.



Weight



Healthy Weight (Body Mass Index Between 18.5 and 24.9) Healthy People 2020 Target = 33.9% or Higher

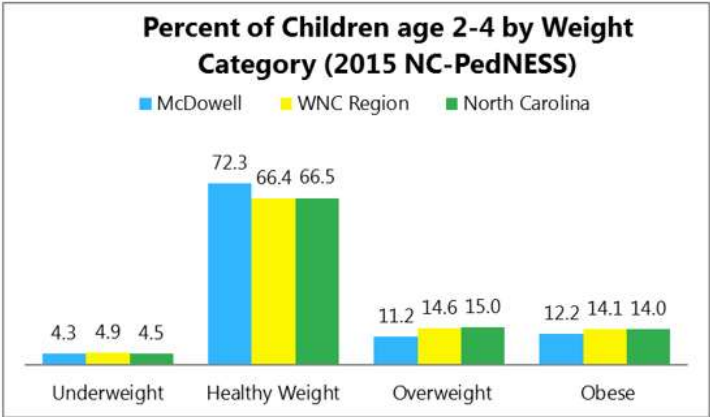
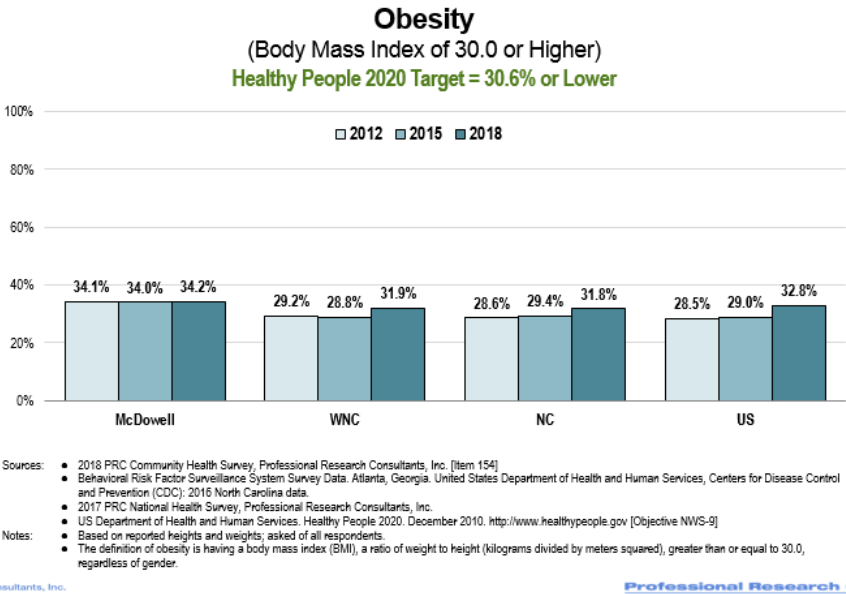
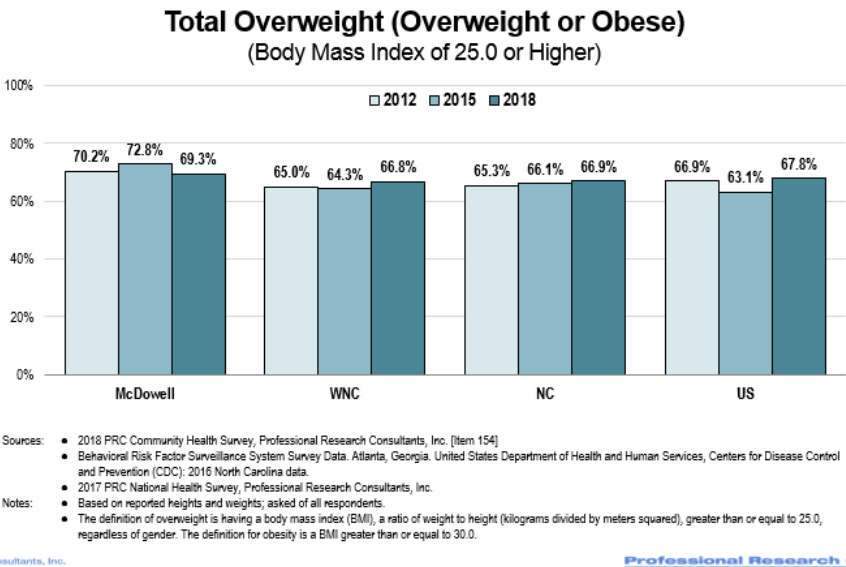


Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

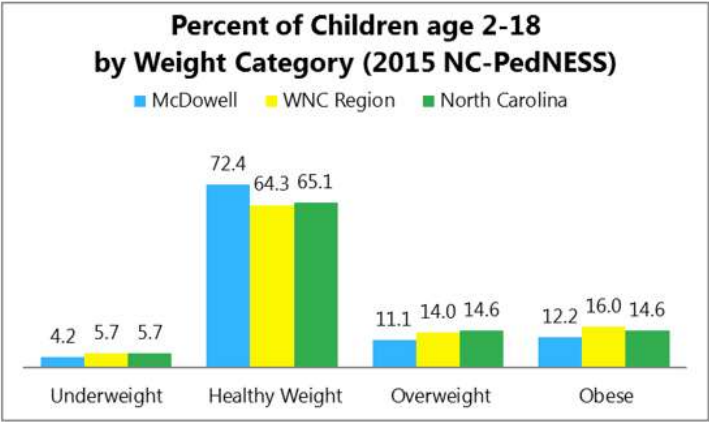
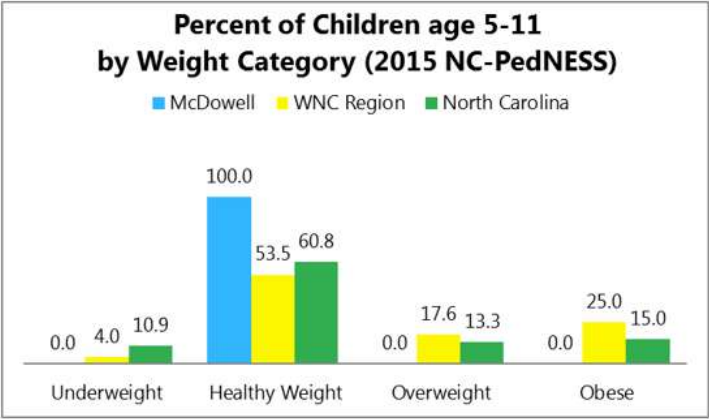
Notes:

- Based on reported heights and weights; asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.



Childhood Obesity

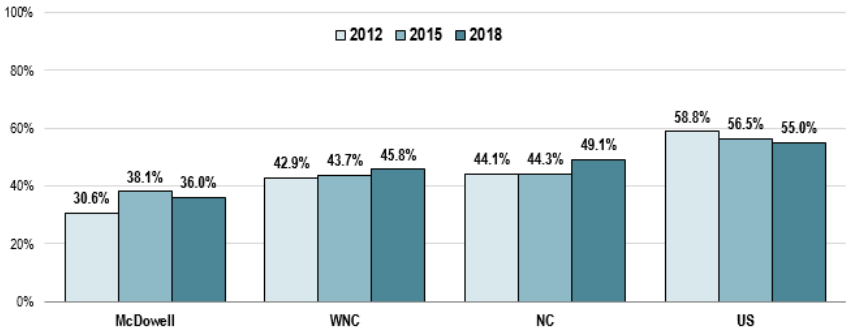




Alcohol Use



Current Drinkers



Sources:

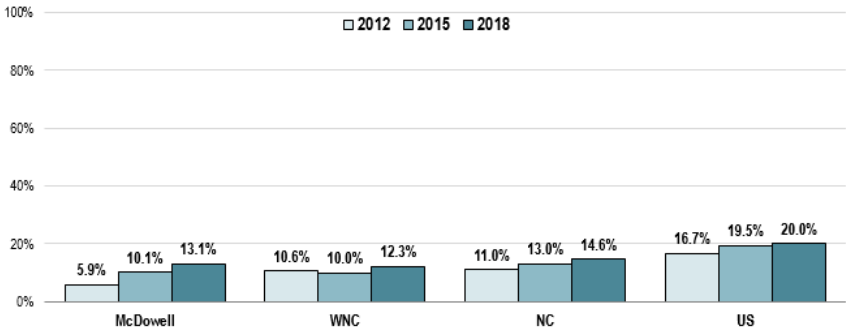
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.



Binge Drinkers
Healthy People 2020 Target = 24.2% or Lower



Sources:

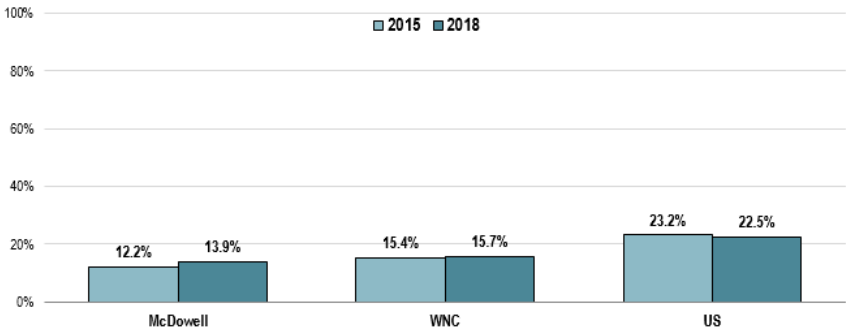
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]

Notes:

- Asked of all respondents.
- Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
- Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.



Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes:

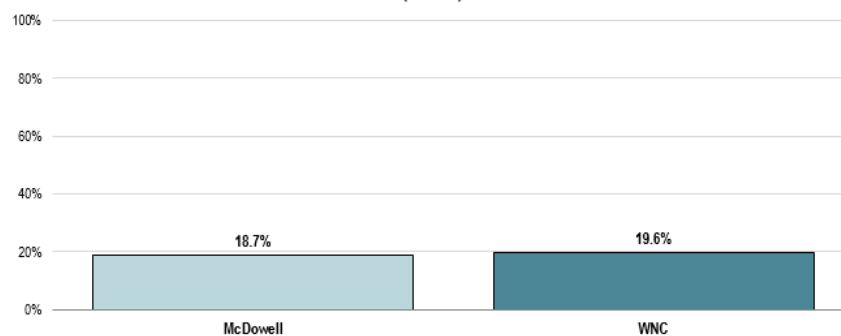
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Substance Misuse



**Used Opiates/Opioids in the Past Year,
With or Without a Prescription
(2018)**



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]

Notes:

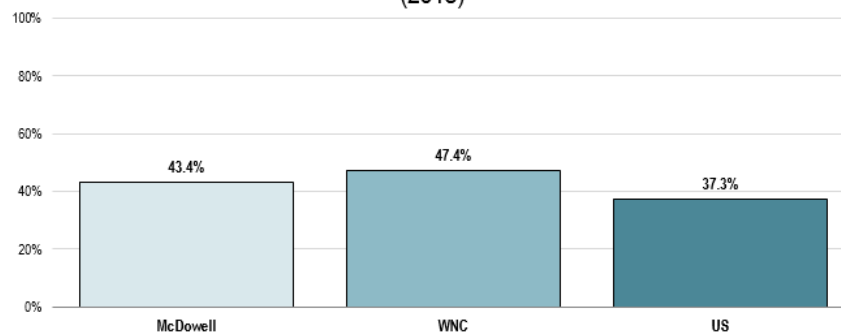
- Asked of all respondents.

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Professional Research Consultants, Inc.



**Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(2018)**



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

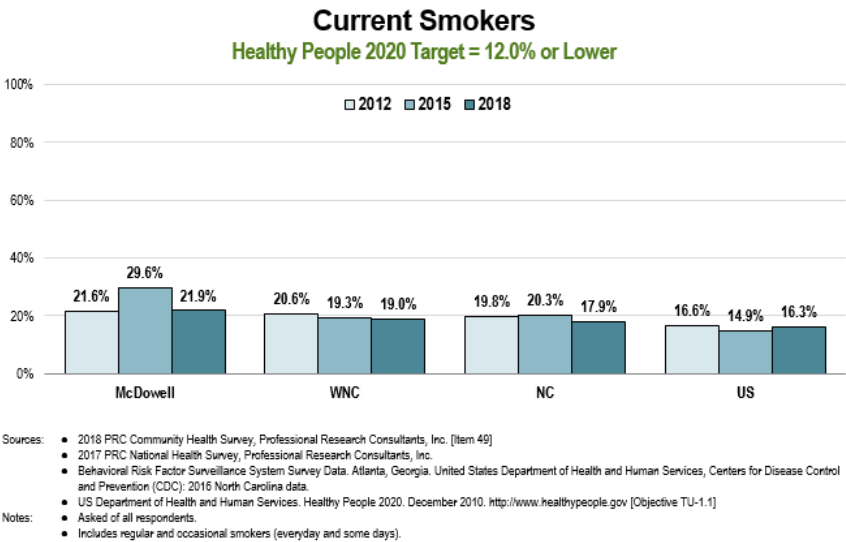
- Asked of all respondents.

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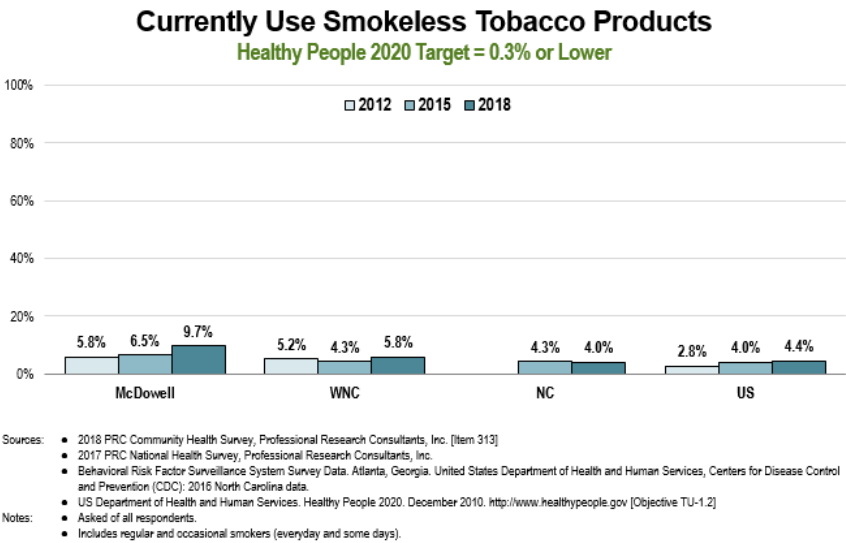


Tobacco Use



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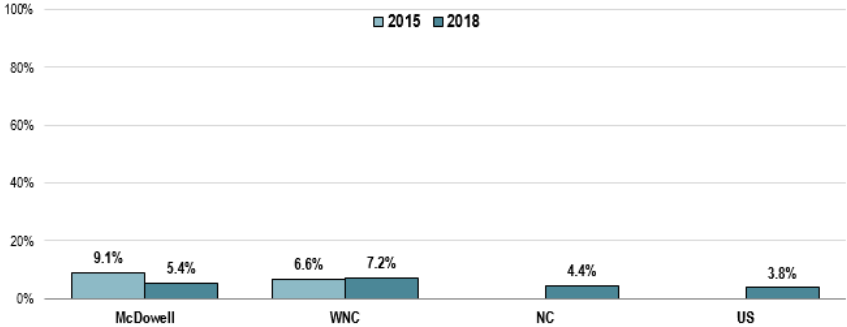


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Currently Use Vaping Products (Such as E-Cigarettes)

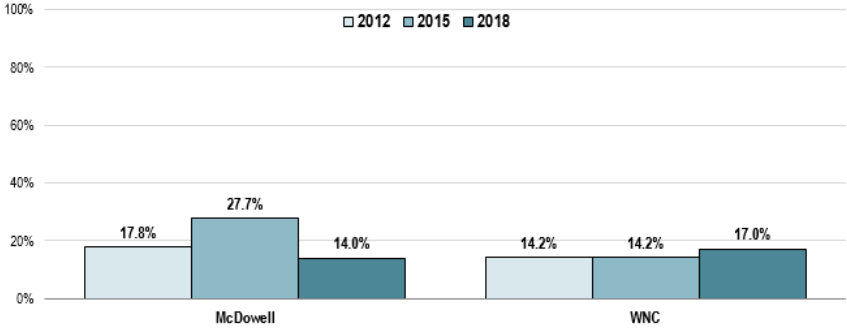


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2016 North Carolina data.

Notes: • Asked of all respondents.
• Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
• Includes regular and occasional smokers (everyday and some days).



Have Breathed Someone Else's Smoke at Work in the Past Week
(Employed Respondents)



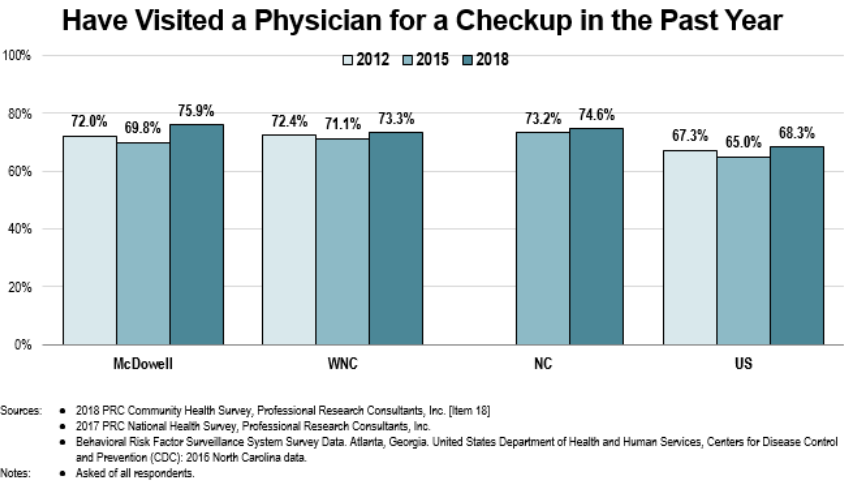
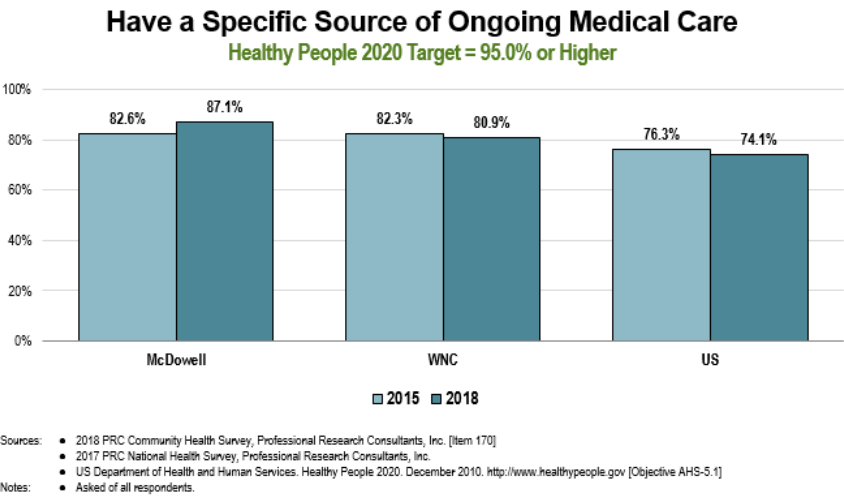
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]

Notes: • Asked of employed respondents.



Primary Care





Now Let’s Talk About Possible Strategies

1. Mental Health & Suicide Prevention
2. Substance abuse – including tobacco



APPENDIX C – COUNTY MAPS

McDowell County Maps

Community Health (Needs) Assessment
2018

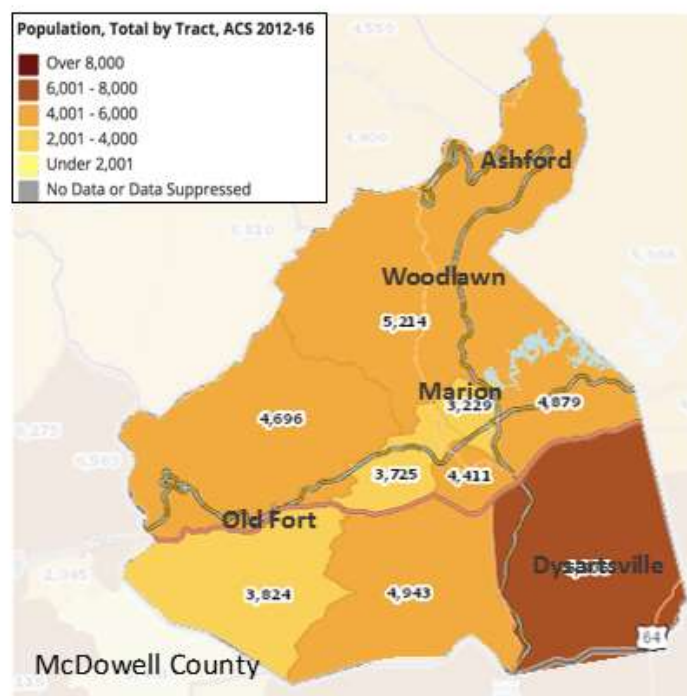
Why use maps?

- To show variation across the county (or a lack of it)
 - Using only one number or statistic to describe the entire county can hide variation across communities. Maps can show if communities are different.
- To show vulnerable populations
 - Mapping demographic information can show us where our most vulnerable populations live.
- To show masked associations
 - Maps can show where specific factors occur simultaneously.

Maps are one piece of the data puzzle

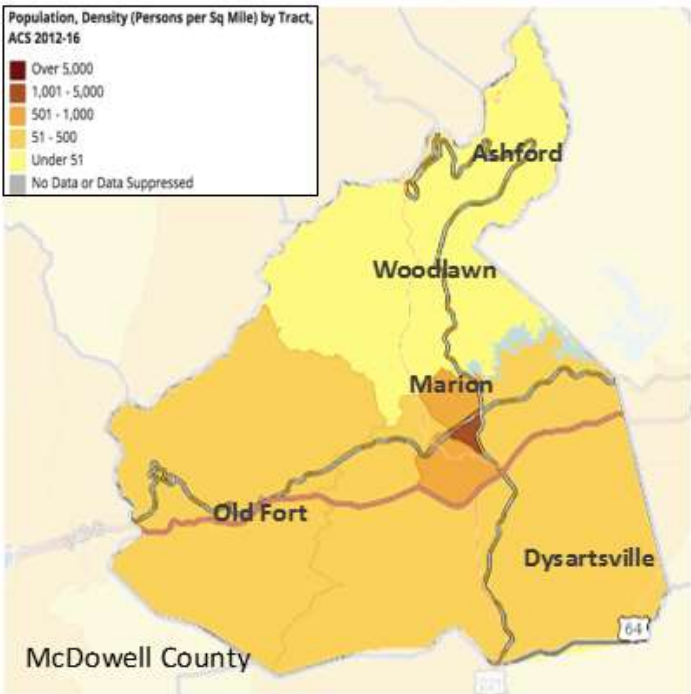
- Maps can be misleading and are best used to highlight which communities to investigate further.
 - Reliability of data decreases as it is cut into smaller and smaller pieces. Therefore, maps of census tract data have greater margins of error than county statistics.
- Maps should be supported by talking with community members or service providers specific to the community of interest to learn more about the community's needs and opportunities.

Population, Total



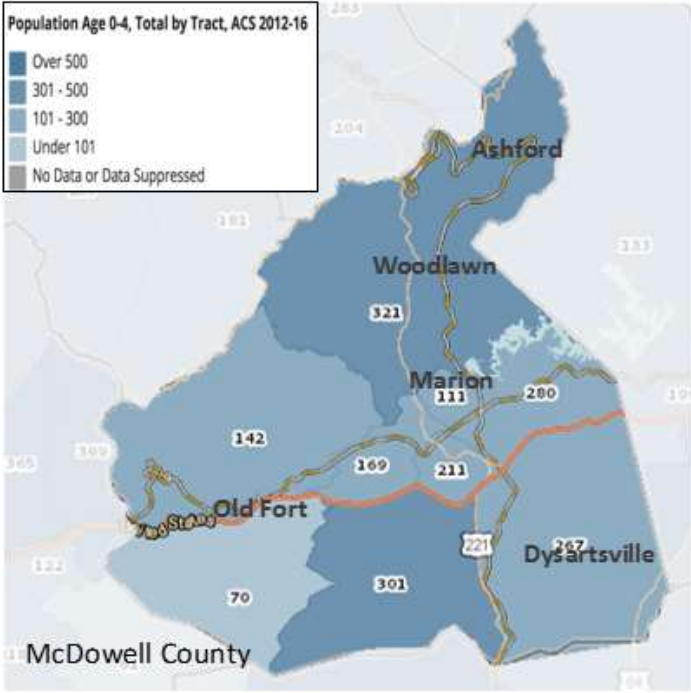
[Click to see map in Community Commons](#)

Population, Density



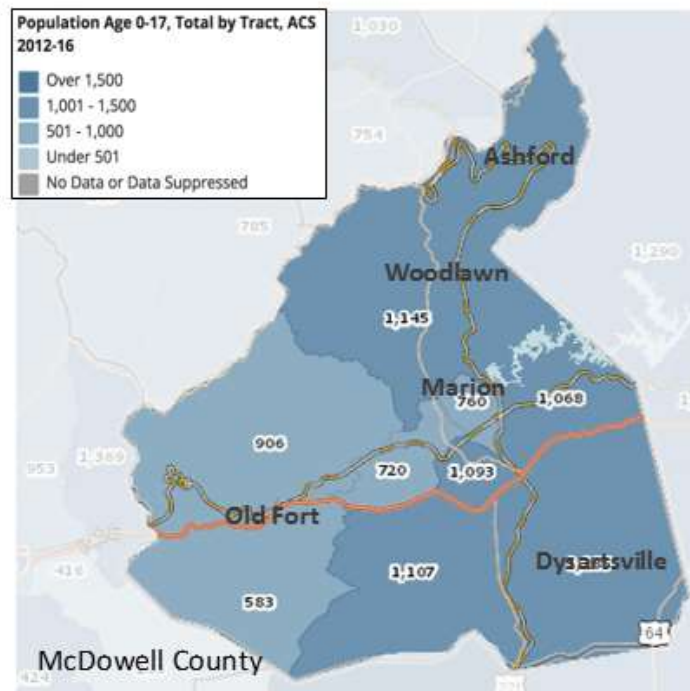
[Click to see map in Community Commons](#)

Population, Age 0-4



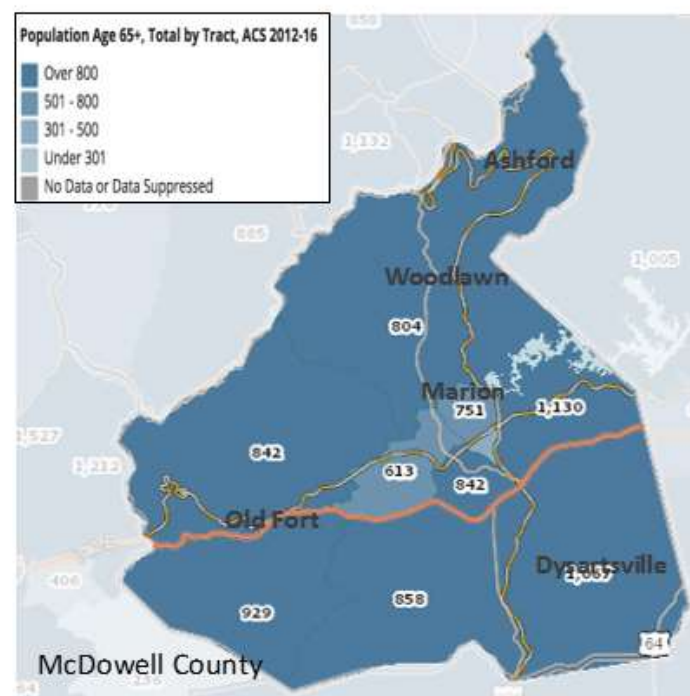
[Click to see map in Community Commons](#)

Population, Age 0-17



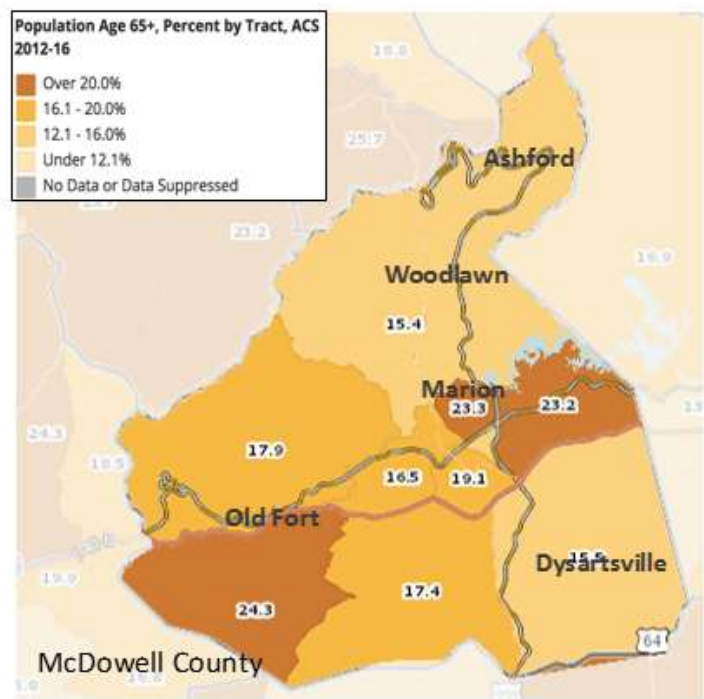
[Click to see map in Community Commons](#)

Population, Age 65+



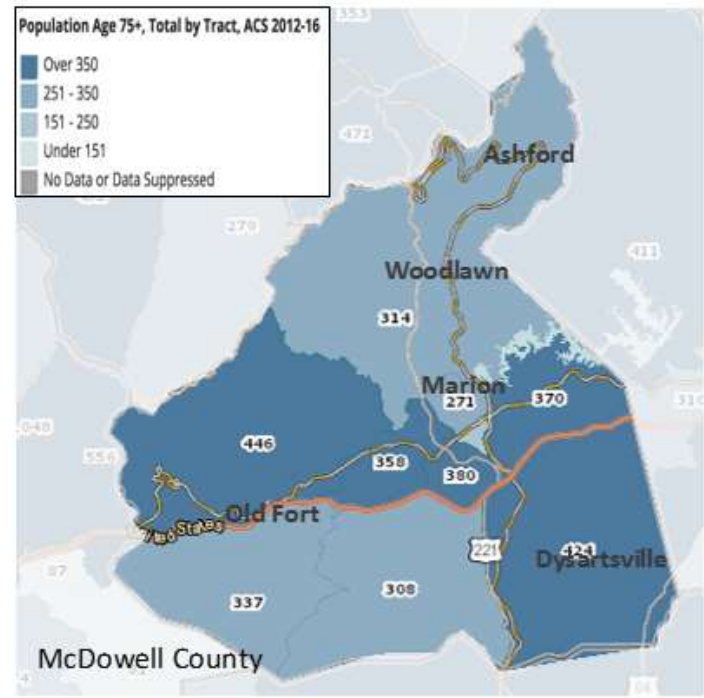
[Click to see map in Community Commons](#)

Percent of the Population, Age 65+



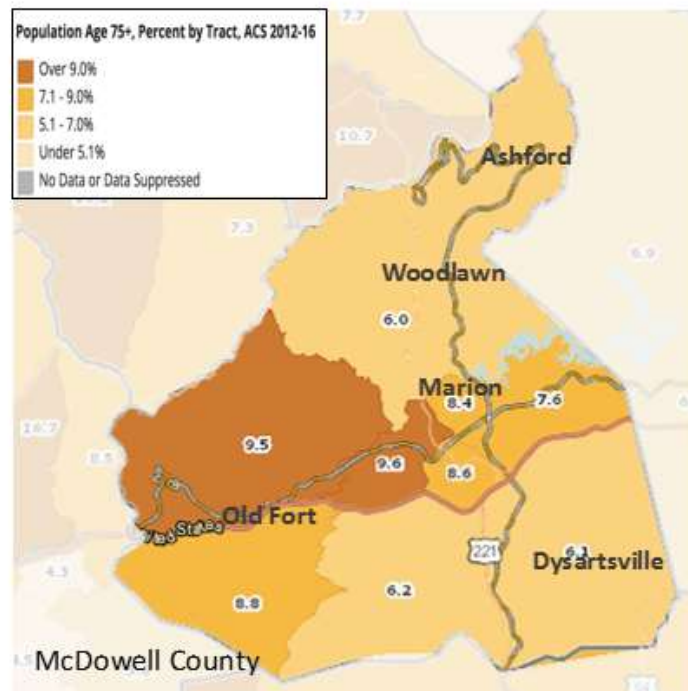
[Click to see map in Community Commons](#)

Population, Age 75+



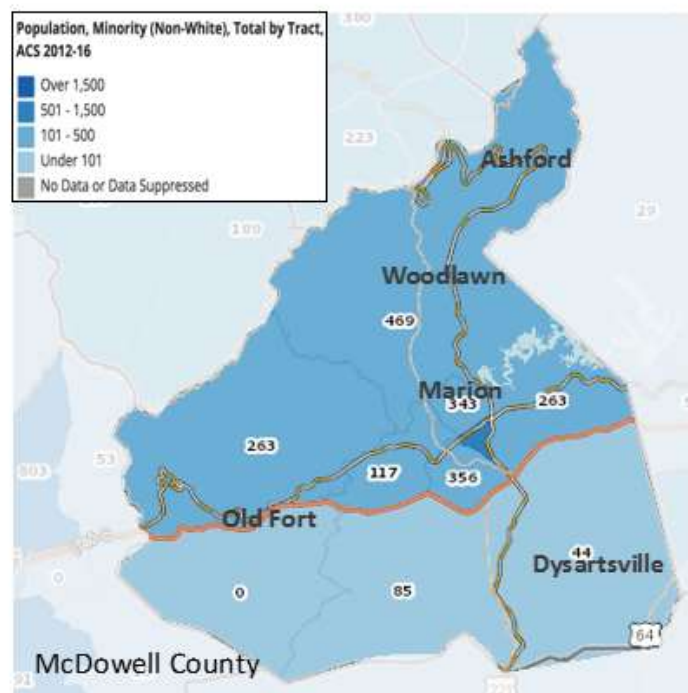
[Click to see map in Community Commons](#)

Percent of the Population, Age 75+



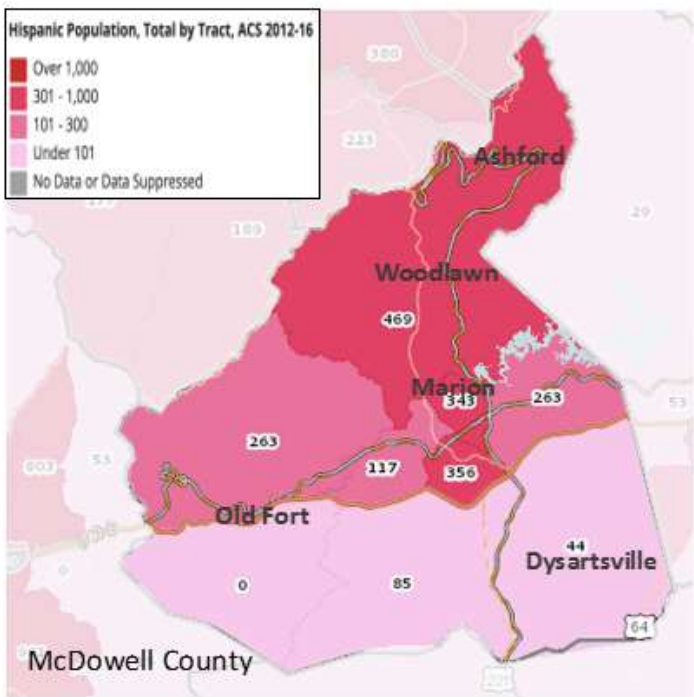
[Click to see map in Community Commons](#)

Population, Minority (Non-White)



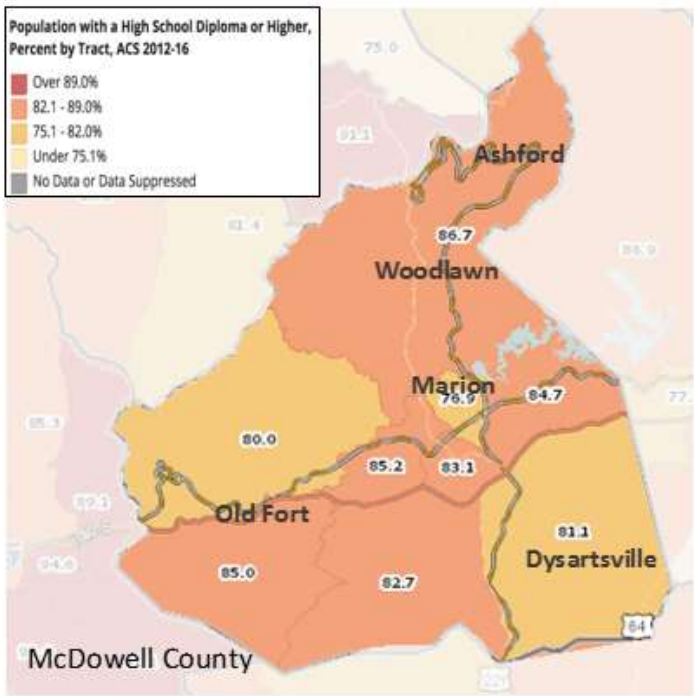
[Click to see map in Community Commons](#)

Population, Hispanic



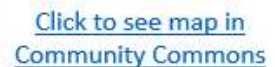
[Click to see map in Community Commons](#)

Percent of the Population (Age 25+) with a High School Diploma or Higher Education Level

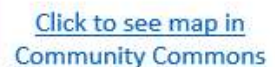


[Click to see map in Community Commons](#)

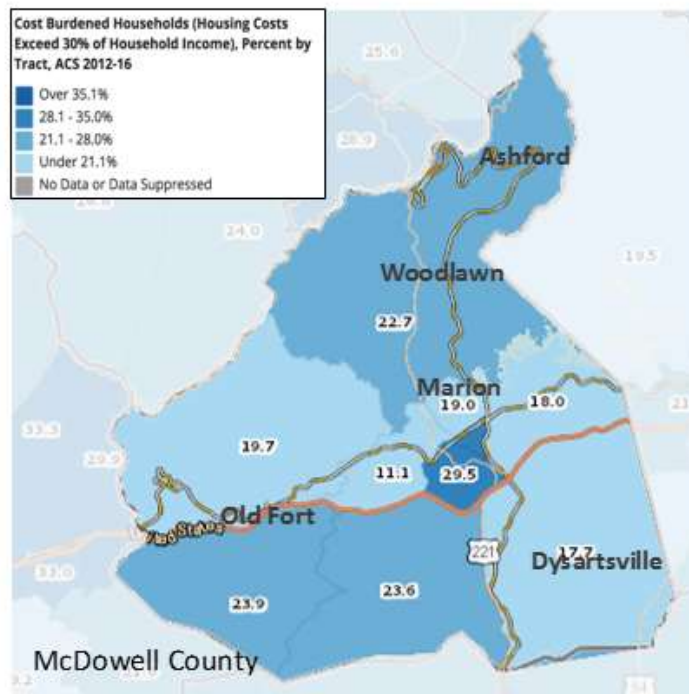
Percent of Students Eligible for Free or Reduced-Price Lunch



Percent of Population with Limited English Proficiency

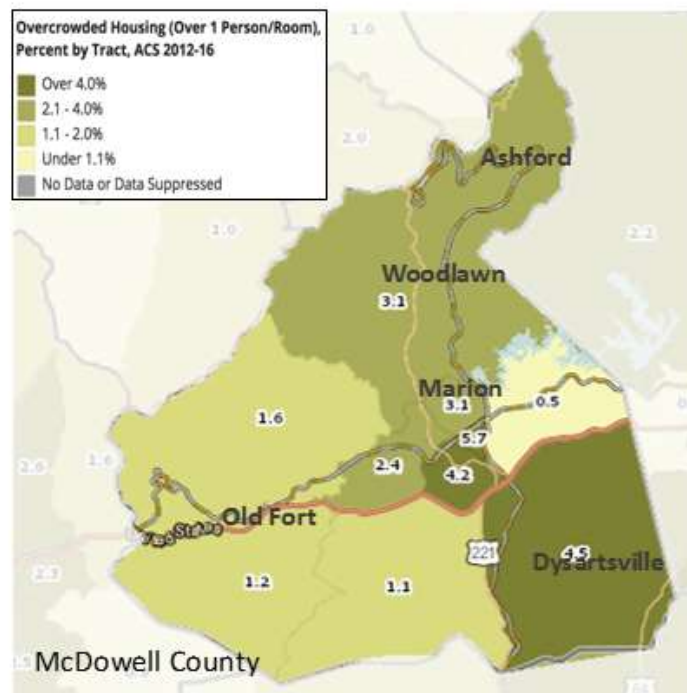


Percent of Cost Burdened Households



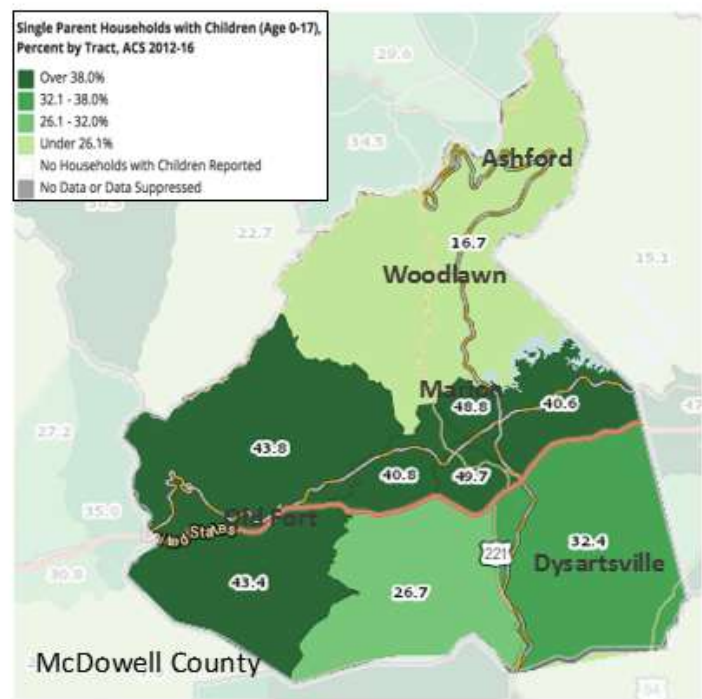
[Click to see map in Community Commons](#)

Percent of Overcrowded Households



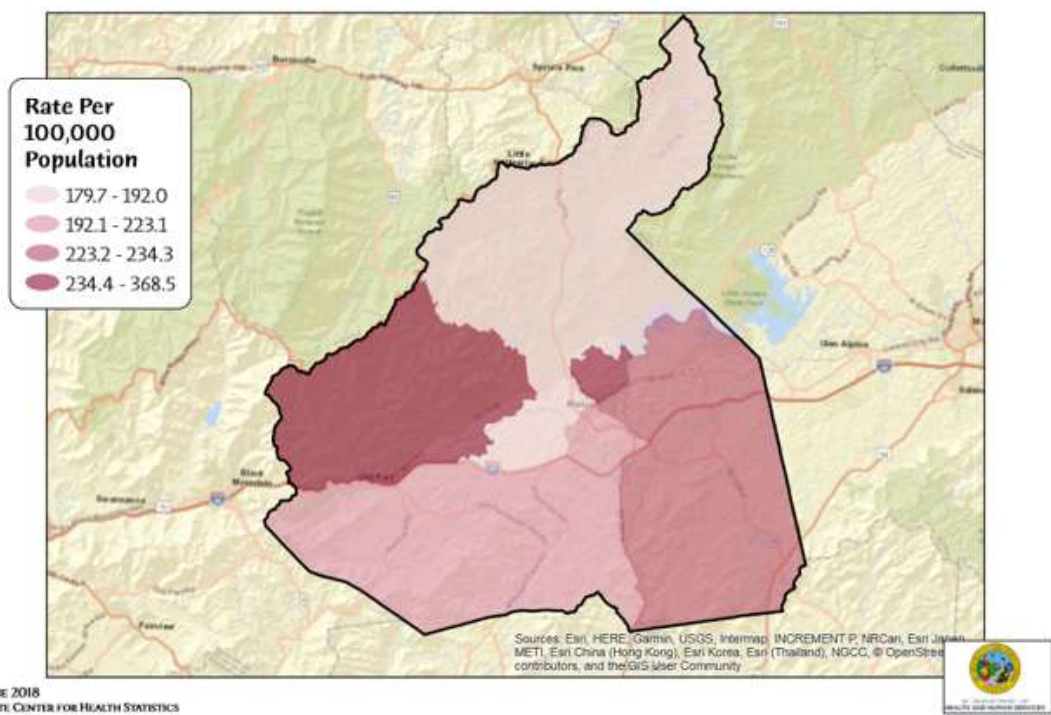
[Click to see map in Community Commons](#)

Percent of Single Parent Households



[Click to see map in Community Commons](#)

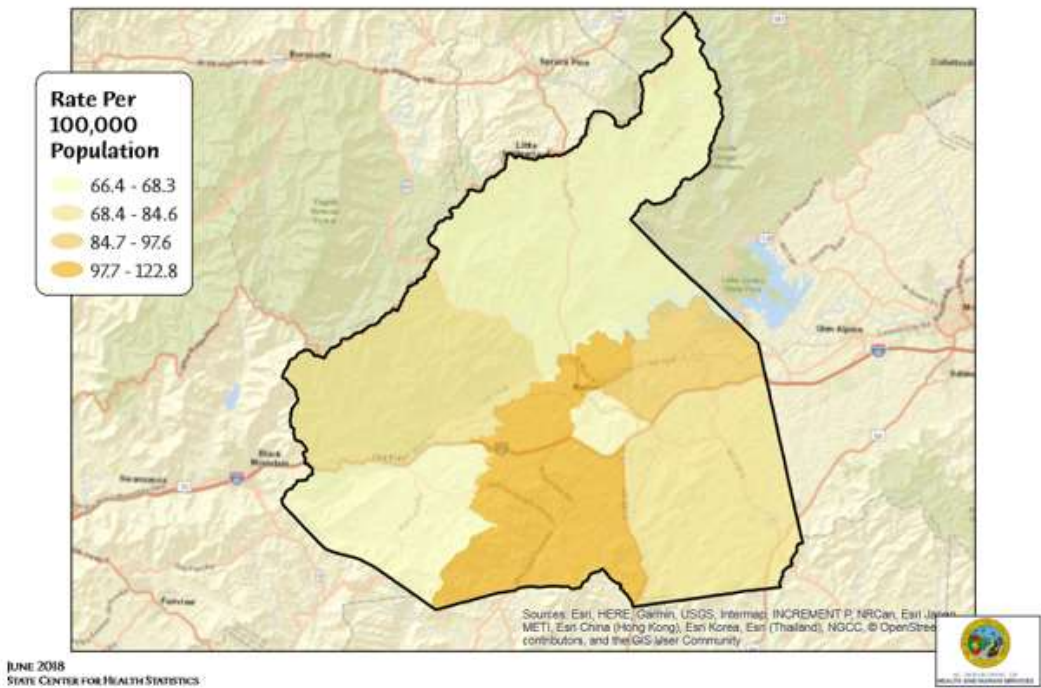
Heart Disease Mortality Rates



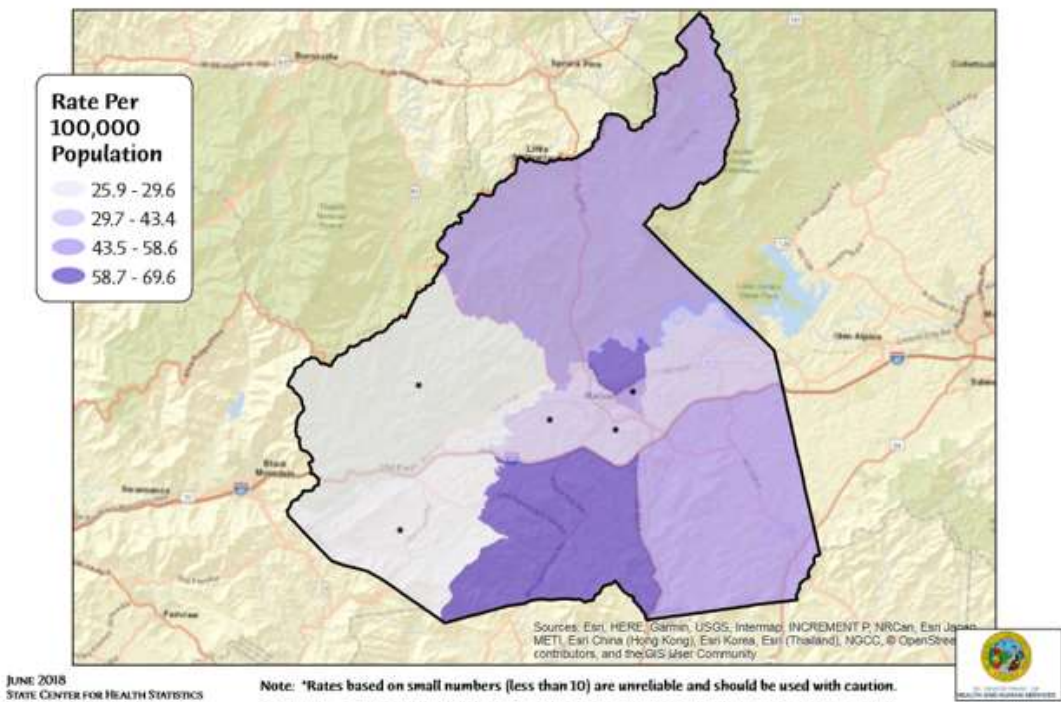
JUNE 2018
STATE CENTER FOR HEALTH STATISTICS



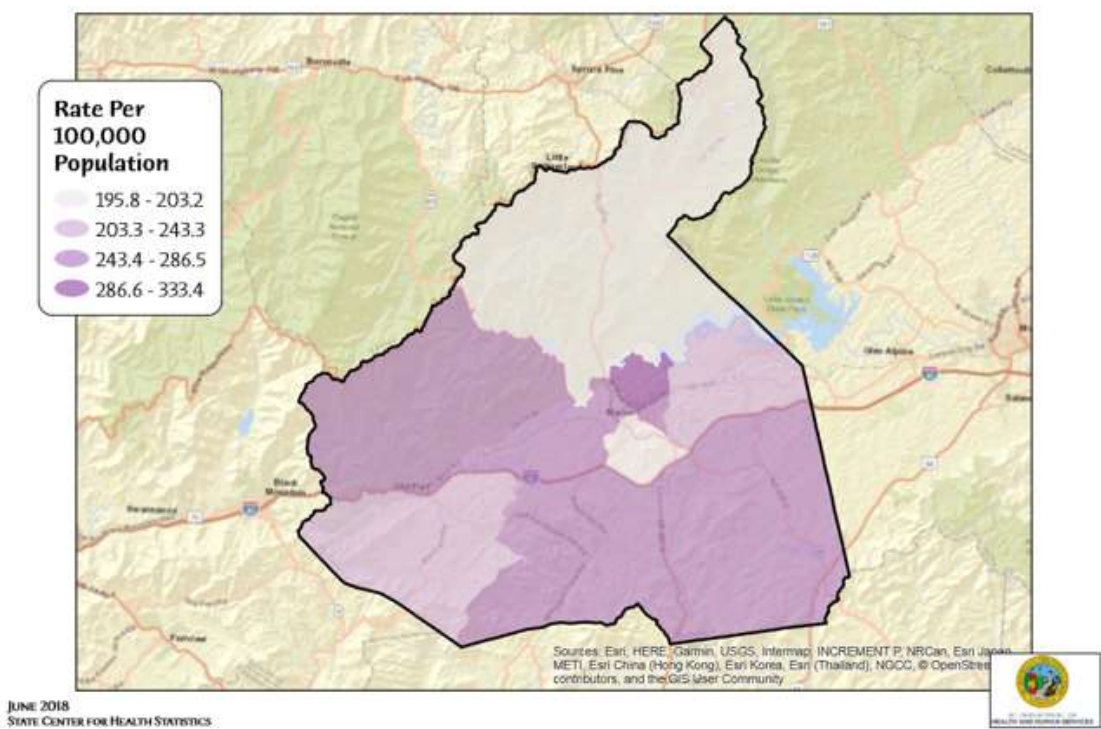
Chronic Lower Respiratory Disease Mortality Rates



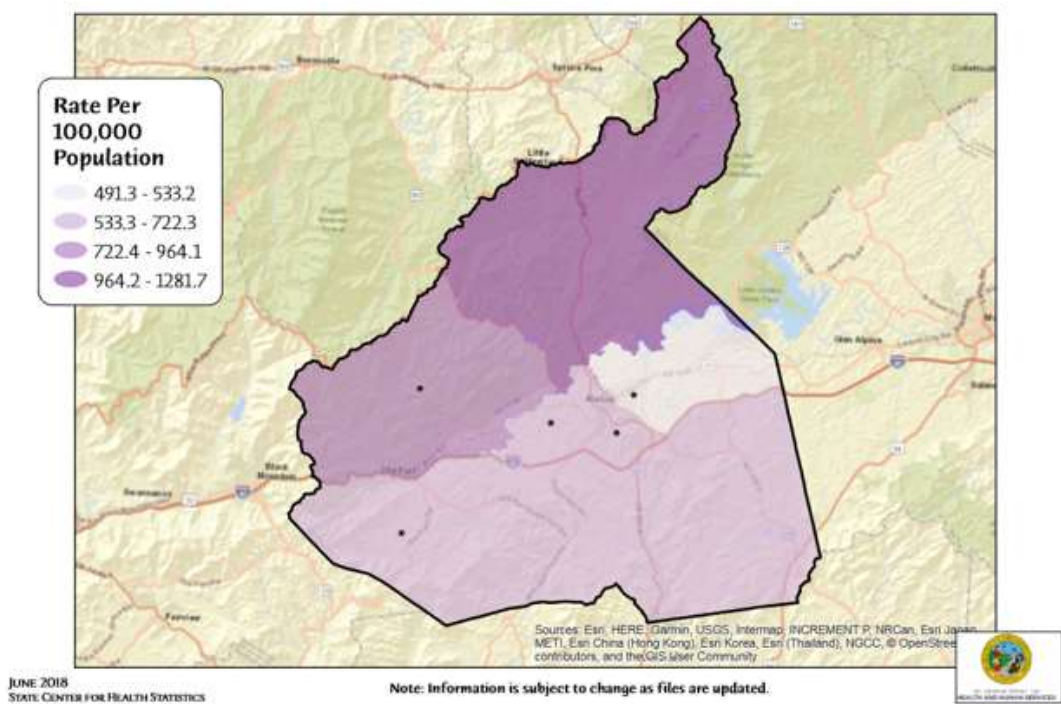
Other Unintentional Injuries Mortality Rates



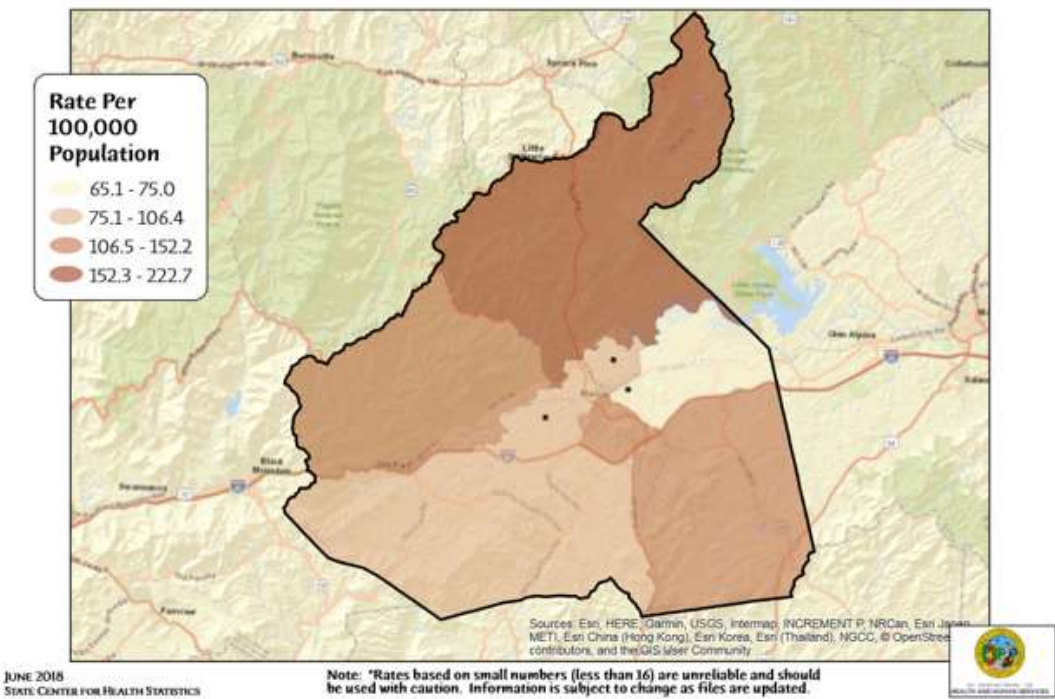
All Cancers Mortality Rates



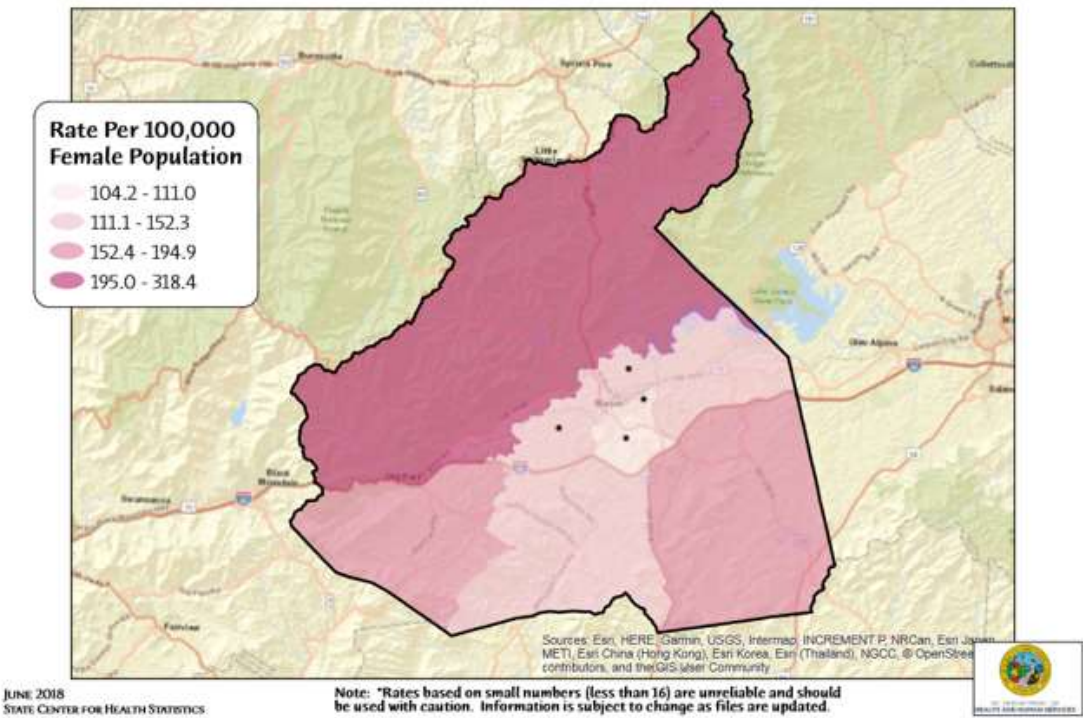
All Cancer Incidence Rates



Lung and Bronchus Cancer Incidence Rates



Breast Cancer Incidence Rates



APPENDIX D – SURVEY FINDINGS



Date: _____

Interviewer: _____

Interviewer _____ ID: _____

2017-0791-02

Professional Research Consultants, Inc.

WNC HEALTHY IMPACT
2018 Community Health Needs
Assessment Asheville, North Carolina

Hello, this is _____ with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.

INTRO. (INTERVIEWER: THIS SCREEN IS FOR REINTRODUCTIONS & CLARIFYING THE PURPOSE & SPONSOR OF THE CALL).

(Hello, this is _____ with Professional Research Consultants. A collaboration of hospitals and health departments in Western North Carolina has asked us to conduct a survey to study ways to improve the health of your community.)

(IF NECESSARY, READ:) Your number has been chosen randomly to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Your answers will be kept completely confidential.

(IF Respondent Seems Suspicious, READ:) Some people we call want to know more before they answer the survey. If you would like more information regarding this research study, you can call Jana Distefano of Professional Research Consultants at 877- 247-9477 during regular business hours.

CONTINUE

1. In order to randomly select the person I need to talk to, I need to know how many adults 18 and over live in this household?
- One
Two
Three
Four
Five
Six or More

SCRIPTING NOTE: We Will Ask County and ZIP Code of All Respondents for This Study.

Note That We Terminate if "All Others" in Q3 (County), But There Is NO Termination Based on ZIP Code in Q2.

3. Would you please tell me which county you live in?
- Buncombe County
Cherokee County
Clay County
Graham County
Haywood County
Henderson County
Jackson County
Macon County
Madison County
McDowell County
Mitchell County
Polk County
Rutherford County
Swain County
Transylvania County
Yancey County
All Others

NOTE: If Q3 is "All Others", THANK & TERMINATE.

2. Would you please tell me which ZIP Code area you live in?

[Don't Know/Not Sure]

[Refused]

- 28018
- 28019
- 28020
- 28024
- 28040
- 28043
- 28074
- 28076
- 28114
- 28139
- 28160
- 28167
- 28701
- 28702
- 28704
- 28705
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- 28901
- 28902
- 28903
- 28904
- 28905
- 28906
- 28909
- Other (Specify)

This survey may be recorded for quality assurance.

4. Sex of Respondent. (Do Not Ask - Just Record)

- Male
- Female

301. First I would like to ask, overall, how would you describe your county as a place to live?
Would you say it is:

- Excellent
- Very Good
- Good
- Fair
- or Poor
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

302. What is the ONE THING that needs the most improvement in your county?

- (SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)

(SKIP to 5)
- [Don't Know/Not Sure]

[Refused]

[Nothing]

Animal Control

Availability of Employment

Better/More Health Food Choices

Child Care Options

Counseling/Mental Health/Support Groups

Culturally Appropriate Health/Support Groups

Elder Care Options

Healthy Family Activities

Higher Paying Employment

More Affordable Health Care

More Affordable/Better Housing

Number of Health Care Providers

Positive Teen Activities

Recreational Facilities (Parks, Trails, Community Ctrs)

Road Maintenance

Road Safety

Safe Places to Walk/Ride Bike for Commuting

Safe Places to Walk/Ride Bike for Recreation

Services for Disabled People

Transportation Options

Other (Specify)

IVAR302A. Is there anything at all you can think of?

- [Don't Know/Not Sure]
- [Refused]
- [Nothing]
- Animal Control
- Availability of Employment
- Better/More Health Food Choices
- Child Care Options
- Counseling/Mental Health/Support Groups
- Culturally Appropriate Health/Support Groups
- Elder Care Options
- Healthy Family Activities
- Higher Paying Employment
- More Affordable Health Care
- More Affordable/Better Housing
- Number of Health Care Providers
- Positive Teen Activities
- Recreational Facilities (Parks, Trails, Community Ctrs)
- Road Maintenance
- Road Safety
- Safe Places to Walk/Ride Bike for Commuting
- Safe Places to Walk/Ride Bike for Recreation
- Services for Disabled People
- Transportation Options
- Other (Specify)

SCRIPTING NOTE: Force Responses from IVAR302A Back Into Q302.

5. Would you say that, in general, your health is:

- Excellent
- Very Good
- Good
- Fair
- or Poor
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

PROCESSING NOTE: Collapse N/A into No in Q303.

303. Was there a time in the past 12 months when you needed medical care, but could not get it?

	Yes
(SKIP to 16)	No
(SKIP to 16)	[Not Applicable]
(SKIP to 16)	[Don't Know/Not Sure]
(SKIP to 16)	[Refused]
	[Terminate Interview]

304. What was the MAIN reason you did NOT get this needed medical care?

[Don't Know/Not Sure]
[Refused]
Cost/No Insurance
Didn't Accept My Insurance
Distance Too Far
Inconvenient Office Hours/Office Closed
Lack of Child Care
Lack of Transportation
Language Barrier
No Access for People With Disabilities
Too Long of Wait for Appointment
Too Long of Wait in Waiting Room
Other (Specify)

16. Do you have ONE place where you usually go if you are sick or need advice about your health?

	Yes
(SKIP to 18)	No
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

17. What kind of place is it:

(SKIP to 18)	A Doctor's Office
(SKIP to 18)	A Health Department or A Public Health Clinic
(SKIP to 18)	Community Health Center
(SKIP to 18)	An Urgent Care/Walk-In Clinic
(SKIP to 18)	A Hospital Emergency Room
(SKIP to 18)	A Military or Other VA Healthcare Facility
(SKIP to 18)	Indian Health Services
	or Some Other Place
(SKIP to 18)	[Don't Know/Not Sure]
(SKIP to 18)	[Refused]
	[Terminate Interview]

250. What kind of place do you go to?

- [Don't Know/Not Sure]
- [Refused]
- Other (Specify)

18. A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Polk County", ASK Q305.

All Others, SKIP to 20.

POLK COUNTY

305. Now I would like to mention that some doctor's offices are beginning to offer tele-health visits. In a tele-health visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

If it were available to you, how likely would you be to use this type of visit for health care? Would you be:

- Very Likely
- Somewhat Likely
- or Not At All Likely
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

20. About how long has it been since you last visited a dentist or a dental clinic for any reason? This includes visits to dental specialists, such as orthodontists.

- Within the Past Year (Less Than 1 Year Ago)
- Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
- Within the Past 5 Years (2 Years But Less Than 5 Years Ago)
- 5 or More Years Ago
- [Never]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Henderson County", ASK Q306.

If Q3 is "Haywood County", SKIP to 307.

All Others, SKIP to 24.

HENDERSON COUNTY

306. Do you have any dental needs that have gone untreated in the past 12 months due to lack of insurance or because you did not have enough insurance to cover the needed dental care costs?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 24.

HAYWOOD COUNTY

307. Was there a time during the past 12 months when you needed dental care but did not get it?

(SKIP to 24)
(SKIP to 24)
(SKIP to 24)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

HAYWOOD COUNTY

308. What was the MAIN reason you did not get this needed dental care?

- [Don't Know/Not Sure]
- [Refused]
- Cost/No Insurance
- Didn't Accept My Insurance
- Distance Too Far
- Inconvenient Office Hours/Office Closed
- Lack of Child Care
- Lack of Transportation
- Language Barrier
- No Access for People With Disabilities
- Too Long of Wait for Appointment
- Too Long of Wait in Waiting Room
- Other (Specify)

24. Now I would like to ask you about some specific medical conditions.

Have you ever suffered from or been diagnosed with COPD, or Chronic Obstructive Pulmonary Disease, including Bronchitis or Emphysema?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

Has a doctor, nurse or other health professional EVER told you that you had any of the following: (Insert Qs in BOLD)?

309. A Heart Attack, Also Called a Myocardial Infarction, OR Angina or Coronary Heart Disease

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

33. A Stroke

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

(End of Rotate)

34. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- (SKIP to 36) Yes
- (SKIP to 36) No
- (SKIP to 36) [Don't Know/Not Sure]
- (SKIP to 36) [Refused]
- [Terminate Interview]

35. Do you still have asthma?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

36. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?

- (SKIP to SCRIPTING NOTE before 38) Yes
- (SKIP to SCRIPTING NOTE before 38) No
- (SKIP to SCRIPTING NOTE before 38) [Yes, But Female Told Only During Pregnancy]
- (SKIP to SCRIPTING NOTE before 38) [Pre-Diabetes or Borderline Diabetes]
- (SKIP to SCRIPTING NOTE before 38) [Don't Know/Not Sure]
- (SKIP to SCRIPTING NOTE before 38) [Refused]
- [Terminate Interview]

NOTE: If Q4 is "Male", SKIP to NOTE before 38. If Q4 if "Female", ASK IVAR36A.

IVAR36A. Was this only when you were pregnant?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

SCRIPTING NOTE: If IVAR36A is "Yes"/"Si", Recode Initial Q36 Response of "Yes"/"Si" to "[Yes, but Female Told Only During Pregnancy]".

NOTE:

If Q36 is "Yes"/"Si", SKIP to 39.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Female", Force Q38 to "Yes"/"Si" and SKIP to IVAR38A.

If Q36 is "[Pre-Diabetes or Borderline Diabetes]" AND Q4 is "Male", Force Q38 to "Yes"/"Si" and SKIP to 39

All Others, CONTINUE.

38.

Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

(SKIP to 39)

(SKIP to 39)

(SKIP to 39)

(SKIP to 39)

Yes

No

[Yes, But Female Told Only During Pregnancy]

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE:

If Q4 is "Male", SKIP to 39.

If Q4 is "Female", ASK IVAR38A.

IVAR38A.

Was this only when you were pregnant?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

SCRIPTING NOTE: If IVAR38A is "Yes"/"Si", Recode Initial Q38 Response of "Yes"/"Si" to "[Yes, But Female Told Only During Pregnancy]".

If Q38 is "Yes"/"Si", FORCE Q36 to "[Pre-Diabetes or Borderline Diabetes]".

110

39.

Have you ever been told by a doctor, nurse or other health professional that you had high blood pressure?

(SKIP to 43)

(SKIP to 43)

(SKIP to 43)

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]
41.

Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]
43.

Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

(SKIP to NOTE before 310)

(SKIP to NOTE before 310)

(SKIP to NOTE before 310)

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]
44.

Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE:

If Q3 is "Cherokee County", ASK Q310.

If Q3 is "Transylvania County", SKIP to 311.

All Others, SKIP to 49.

CHEROKEE COUNTY

310.

Do you feel existing community resources or services for chronic diseases such as diabetes, heart disease, and COPD are:

More Than Sufficient

Sufficient

Insufficient

or Not Available

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

NOTE: SKIP to 49.

TRANSYLVANIA COUNTY

311.

The hepatitis C virus causes inflammation and damage to the liver. A person contracts this virus by coming into contact with blood or other bodily fluids from someone else who is already infected with hepatitis C virus.

Except for donating or giving blood, have you ever had your blood tested for hepatitis C?

Yes

No

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

49.

The next questions are about tobacco use. Do you NOW smoke cigarettes "Every Day," "Some Days," or "Not At All"?

Every Day

Some Days

Not At All

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

SCRIPTING NOTE: If Q49 is "Every Day" or "Some Days", set '+temp44+' to "other than yourself"/"diferente a Ud.". All Others, set '+temp44+' to NULL.

312. During how many of the past 7 days, at your workplace, did you breathe the smoke from someone '+temp44+' who was using tobacco?

(INTERVIEWER: Code "Not Applicable" as 8.)

- 0 to 7/8
- [Don't Know/Not Sure]
- [Refused]

313. Do you currently use chewing tobacco, dip, snuff, or snus (pronounced "snoose"; rhymes with goose) "Every Day," "Some Days," or "Not At All"?

- Every Day
- Some Days
- Not At All
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Cherokee County", "Graham County", or "Macon County", ASK Q314.

If Q3 is "Madison Countv". SKIP to 315.

All Others, SKIP to 54.

CHEROKEE, GRAHAM, AND MACON COUNTIES

314. Please tell me your level of agreement or disagreement with the following statement: I believe it is important for ALL PUBLIC PLACES to be 100% tobacco free.

Do you:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- or Strongly Disagree
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 54.

MADISON COUNTY

315. Please tell me your level of agreement or disagreement with the following statement:

I believe it is important for GOVERNMENT BUILDINGS AND GROUNDS in Madison County to be 100% tobacco free.

Do you:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- or Strongly Disagree
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

54. Electronic "vaping" products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.

Do you NOW use electronic "vaping" products, such as electronic cigarettes, "Every Day," "Some Days," or "Not At All"?

- Every Day
- Some Days
- Not At All
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

SCRIPTING NOTE: If Interviewing During the Months of December, January, or February, Change "During the past 30 days" to "During a typical month" in the Following Questions.

55. The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

- 1 to 30
- (SKIP to 316) 0
- (SKIP to 316) [Don't Know/Not Sure]
- (SKIP to 316) [Refused]

56. On the day(s) when you drank, about how many drinks did you have on the average? (If "None", PROBE)

1 to 10
[Don't Know/Not Sure]
[Refused]

SCRIPTING NOTE: If Respondent is "Male", Set "temp57" to "5".

If Respondent is "Female", Set "temp57" to "4".

57. Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have '+temp57+' or more drinks on an occasion?

0 to 30
[Don't Know/Not Sure]
[Refused]

316. Opiates ("OH-pee-its") or opioids ("OH-pee-oids") are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine ("MORE-feen"), codeine ("KOH-deen"), hydrocodone ("HYE-droh-KOH-dohn"), oxycodone ("OX-ee-KOH- dohn"), methadone ("METH-uh-dohn"), and fentanyl ("FEN-ten-ill").

In the PAST YEAR, have you used any of these prescription opiates, whether or not a doctor had prescribed them to you?

(INTERVIEWER For Reference Only: Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Jackson County", ASK Q317.

If Q3 is "Henderson County", "Macon County", "Mitchell County", "Rutherford County", "Swain County", "Transylvania County", or Yancey County", SKIP to 318.

If Q3 is "Clay County" or "Graham County" SKIP to 319

All Others, SKIP to 61.

JACKSON COUNTY

317. During the past 30 days, have you taken a prescription drug that was not prescribed to you?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 61.

HENDERSON, MACON, MITCHELL, RUTHERFORD, SWAIN,
TRANSYLVANIA, AND YANCEY COUNTIES

318. During the past 30 days, have YOU or has SOMEONE THAT YOU KNOW used an illegal drug or taken a prescription drug that was not prescribed to them?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Henderson County", "Rutherford County", "Swain County", or "Transylvania County", SKIP to 61.

All Others, ASK Q319.

CLAY, GRAHAM, MACON, MITCHELL, AND YANCEY COUNTIES

319. Do you keep your medicine in a locked place so that no one else can access it?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

61. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

- A Great Deal
- Somewhat
- A Little
- or Not at All
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

109. The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental or emotional problems?

- Yes
- (SKIP to 64) No
- (SKIP to 64) [Don't Know/Not Sure]
- (SKIP to 64) [Refused]
- [Terminate Interview]

110. What is the major impairment or health problem that limits you?

- Arthritis/Rheumatism
- Back or Neck Problem
- Cancer
- Depression/Anxiety/Emotional Problem
- Diabetes
- Eye/Vision Problem
- Fractures, Bone/Joint Injury
- Hearing Problem
- Heart Problem
- Hypertension/High Blood Pressure
- Lung/Breathing Problem
- Stroke Problem
- Walking Problem
- Other Impairment/Problem
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

64. Next, I'd like to ask you some general questions about yourself.

What is your age?

- 18 to 110
- [Don't Know/Not Sure]
- [Refused]

SCRIPTING NOTE: If Qlang is "Spanish", Set Q65 to "Sí" and SKIP to 66.

65. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

66. What is your race? Would you say:

(Do Not Read the Latino/Hispanic Code.)

[Don't Know/Not Sure]
[Refused]
American Indian, Alaska Native
Native Hawaiian, Pacific Islander
Asian
Black/African American
White
[Latino/Hispanic]
Other (Specify)

NOTE: If Q3 is "Buncombe County", ASK Q320.

All Others, SKIP to NOTE before 321.

BUNCOMBE COUNTY

320. Within the past 30 days, have you felt emotionally upset--for example, angry, sad, or frustrated--as a result of how you were treated based on your race?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q66 is "American Indian, Alaska Native"/"Indígena Americano(a), Nativo(a) de Alaska", ASK Q321.

All Others, SKIP to 68.

321. Which of the following BEST describes you? Are you:

An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living ON the Qualla (KWAH-lah) boundary;
An Enrolled Member of the Eastern Band of Cherokee Indians, or EBCI, living OFF the Qualla (KWAH-lah) boundary,
or An Enrolled Member of a Different Federally-Recognized Tribe?

Enrolled EBCI on Boundary
Enrolled EBCI off Boundary
Enrolled Other Tribe
[Not a Member]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

68. What is the highest grade or year of school you have completed?

Never Attended School or Kindergarten Only
Grades 1 through 8 (Elementary)
Grades 9 through 11 (Some High School)
Grade 12 or GED (High School Graduate)
College 1 Year to 3 Years (Some College or Technical School)
Bachelor's Degree (College Graduate)
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

69. Are you currently:

Employed for Wages
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
or Unable to Work
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

115. How many children under the age of 18 are currently LIVING in your household?

- One
- Two
- Three
- Four
- Five or More
- [None]
- [Refused]
- [Terminate Interview]

(SKIP to NOTE before 71)
(SKIP to NOTE before 71)

NOTE: If Q3 is "Polk County", ASK Q322.

All Others, SKIP to NOTE before 71.

POLK COUNTY

322. In the PAST 12 MONTHS, has a lack of child care arrangements made it difficult for you to seek healthcare, keep a job, or further your education?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Buncombe County", "Henderson County", "Jackson County", "Madison County", "McDowell County", or "Transylvania County", ASK Q71.

If Q3 is "Clay County". SKIP to 323.

All Others, SKIP to 326.

**BUNCOMBE, HENDERSON, JACKSON, MADISON, MCDOWELL, AND
TRANSYLVANIA COUNTIES**

71. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:
- (INTERVIEWER: This Response List is Different Than All Others in This Survey.)
- Always
Usually
Sometimes
Rarely
or Never
[Not Applicable]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Clay County" or "McDowell County", ASK Q323. If
Q3 is "Jackson County", SKIP to 324.
If Q3 is "Madison County", SKIP to 325.
All Others, SKIP to 326.

CLAY AND MCDOWELL COUNTIES

323. Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?
- Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: SKIP to 326.

JACKSON COUNTY

324. Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 326.

MADISON COUNTY

325. Please tell me your level of agreement or disagreement with the following statement:

In the past 12 months, a lack of transportation has prevented me from going someplace I wanted or needed to go in Madison County.

Do you:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- or Strongly Disagree
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

326. Do you have any kind of health care coverage, including health insurance, a prepaid plan such as an HMO, or a government-sponsored plan such as Medicare, Medicaid, Military, or Indian Health Services?

- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "McDowell County" or "Rutherford County", ASK Q327.
All Others, SKIP to 78.

MCDOWELL AND RUTHERFORD COUNTY

327. Do you currently have access to the internet for PERSONAL use, either at home, work, or school?

Yes
No
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

78. Now I would like to ask, about how much do you weigh without shoes? (INTERVIEWER: Round Fractions Up)

40 to 600
[Don't Know/Not Sure]
[Refused]

79. About how tall are you without shoes?

(INTERVIEWER: Round Fractions Down)

300 to 311
400 to 411
500 to 511
600 to 611
700 to 711
800 to 811
[Don't Know/Not Sure]
[Refused]

NOTE: If Q4 is "Male", SKIP to 328.
If Q4 is "Female", CONTINUE.

80. A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

Within the Past Year (Less Than 1 Year Ago)
Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
Within the Past 3 Years (2 Years But Less Than 3 Years Ago)
Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
5 or More Years Ago
[Never]
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

328. Now I would like you to think about the food you ate during the past week.

About how many 1-cup servings of fruit did you have in the past week? For example, one apple equals 1 cup.

0 to 100
[Don't Know/Not Sure]
[Refused]

329. And, NOT counting lettuce salad or potatoes, about how many 1-cup servings of vegetables did you have in the past week? For example, 12 baby carrots equal 1 cup.

0 to 100
[Don't Know/Not Sure]
[Refused]

87. Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months.

The first statement is: "I worried about whether our food would run out before we got money to buy more."

Was this statement:

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

88. The next statement is: "The food that we bought just did not last, and we did not have money to get more."

Was this statement:

Often True
Sometimes True
or Never True
[Don't Know/Not Sure]
[Refused]
[Terminate Interview]

NOTE: If Q3 is "Mitchell County" or "Yancey County", ASK Q330.

If Q3 is "Rutherford County", SKIP to 331.

All Others, SKIP to READ BOX before 89.

MITCHELL AND YANCEY COUNTIES

330. In the last 12 months, did you or someone in the household cut the size of your meals or skip meals because there wasn't enough money for food?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to READ BOX before 89.

RUTHERFORD COUNTY

331. How often in the past 12 months would you say you were worried or stressed about having enough money to buy or make nutritious meals? Would you say you were worried or stressed:
- Always
- Usually
- Sometimes
- Seldom
- or Never
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

The next questions are about physical activity.

SCRIPTING NOTE: If Q69 is "Out of Work for More Than 1 Year", "Out of Work for Less Than 1 Year", or "or Unable to Work", Set temp89 to NULL.

If Q69 is Any Other Response, Set temp89 to ", OTHER THAN YOUR REGULAR JOB,"/", OTRO QUE EN SU TRABAJO,".

89. During the past month'+temp89+' did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?
- (SKIP to 96)
- (SKIP to 96)
- (SKIP to 96)
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

90. During the past month, what type of physical activity or exercise did you spend the MOST time doing?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 91) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 91) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 91) Backpacking
- (SKIP to 91) Badminton
- (SKIP to 91) Basketball
- (SKIP to 91) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 91) Bicycling (aka Bike, Cycling)
- (SKIP to 91) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 91) Bowling
- (SKIP to 91) Boxing
- (SKIP to 91) Calisthenics
- (SKIP to 91) Canoeing, Rowing in Competition
- (SKIP to 91) Carpentry
- (SKIP to 91) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 91) Elliptical, EFX Machine Exercise
- (SKIP to 91) Fishing from River Bank or Boat
- (SKIP to 91) Frisbee
- (SKIP to 91) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 91) Golf (with Motorized Cart)
- (SKIP to 91) Golf (without Motorized Cart)
- (SKIP to 91) Handball
- (SKIP to 91) Hiking-Cross-Country
- (SKIP to 91) Hockey
- (SKIP to 91) Horseback Riding
- (SKIP to 91) Hunting Large Game-Deer, Elk
- (SKIP to 91) Hunting Small Game-Quail
- (SKIP to 91) Inline Skating
- (SKIP to 91) Jogging
- (SKIP to 91) Lacrosse
- (SKIP to 91) Mountain Climbing
- (SKIP to 91) Mowing Lawn (aka Yardwork)
- (SKIP to 91) Paddleball
- (SKIP to 91) Painting, Papering House
- (SKIP to 91) Pilates
- (SKIP to 91) Racquetball
- (SKIP to 91) Raking Lawn (aka Yardwork)
- (SKIP to 91) Running (aka Treadmill)
- (SKIP to 91) Rock Climbing
- (SKIP to 91) Rope Skipping (aka Jump Roping)
- (SKIP to 91) Rowing Machine Exercise
- (SKIP to 91) Rugby
- (SKIP to 91) Scuba Diving
- (SKIP to 91) Skateboarding
- (SKIP to 91) Skating-Ice or Roller
- (SKIP to 91) Sledding, Tobogganing
- (SKIP to 91) Snorkeling
- (SKIP to 91) Snow Blowing

NOTE: SKIP to 92.

IVAR91B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

92. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to IVAR92B)	HOURS
(SKIP to 93)	[Don't Know/Not Sure]
(SKIP to 93)	[Refused]
	[Terminate Interview]

IVAR92A. INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

NOTE: SKIP to 93.

IVAR92B. INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

93. During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

(INTERVIEWER: If "Cardio," PROBE for Specific Type of Exercise.)

- (SKIP to 94) Active Gaming Devices (Wii Fit, Dance Dance Revolution)
- (SKIP to 94) Aerobics Video or Class (aka Gym, Gym Class, Zumba, etc.)
- (SKIP to 94) Backpacking
- (SKIP to 94) Badminton
- (SKIP to 94) Basketball
- (SKIP to 94) Bicycling Machine Exercise (aka Spinning, Spin Class, Bike, Cycling)
- (SKIP to 94) Bicycling (aka Bike, Cycling)
- (SKIP to 94) Boating (Canoeing, Rowing, Kayaking, Sailing for Pleasure, Camping)
- (SKIP to 94) Bowling
- (SKIP to 94) Boxing
- (SKIP to 94) Calisthenics
- (SKIP to 94) Canoeing, Rowing in Competition
- (SKIP to 94) Carpentry
- (SKIP to 94) Dancing-Ballet, Ballroom, Latin, Hip Hop, etc.
- (SKIP to 94) Elliptical, EFX Machine Exercise
- (SKIP to 94) Fishing from River Bank or Boat
- (SKIP to 94) Frisbee
- (SKIP to 94) Gardening (Spading, Weeding, Digging, Filling) (aka Yardwork)
- (SKIP to 94) Golf (with Motorized Cart)
- (SKIP to 94) Golf (without Motorized Cart)
- (SKIP to 94) Handball
- (SKIP to 94) Hiking-Cross-Country
- (SKIP to 94) Hockey
- (SKIP to 94) Horseback Riding
- (SKIP to 94) Hunting Large Game-Deer, Elk
- (SKIP to 94) Hunting Small Game-Quail
- (SKIP to 94) Inline Skating
- (SKIP to 94) Jogging
- (SKIP to 94) Lacrosse
- (SKIP to 94) Mountain Climbing
- (SKIP to 94) Mowing Lawn (aka Yardwork)
- (SKIP to 94) Paddleball
- (SKIP to 94) Painting, Papering House
- (SKIP to 94) Pilates
- (SKIP to 94) Racquetball
- (SKIP to 94) Raking Lawn (aka Yardwork)
- (SKIP to 94) Running (aka Treadmill)
- (SKIP to 94) Rock Climbing
- (SKIP to 94) Rope Skipping (aka Jump Roping)
- (SKIP to 94) Rowing Machine Exercise
- (SKIP to 94) Rugby
- (SKIP to 94) Scuba Diving
- (SKIP to 94) Skateboarding
- (SKIP to 94) Skating-Ice or Roller
- (SKIP to 94) Sledding, Tobogganing
- (SKIP to 94) Snorkeling
- (SKIP to 94) Snow Blowing

(SKIP to 94)	Snow Shoveling by Hand
(SKIP to 94)	Snow Skiing
(SKIP to 94)	Snowshoeing
(SKIP to 94)	Soccer
(SKIP to 94)	Softball, Baseball
(SKIP to 94)	Squash
(SKIP to 94)	Stair Climbing, Stairmaster
(SKIP to 94)	Stream Fishing in Waders
(SKIP to 94)	Surfing
(SKIP to 94)	Swimming
(SKIP to 94)	Swimming in Laps
(SKIP to 94)	Table Tennis
(SKIP to 94)	Tai Chi
(SKIP to 94)	Tennis
(SKIP to 94)	Touch Football
(SKIP to 94)	Volleyball
(SKIP to 94)	Walking (aka Treadmill)
(SKIP to 94)	Housework/Cleaning
(SKIP to 94)	Waterskiing
(SKIP to 94)	Weight Lifting (aka Gym, Gym Class)
(SKIP to 94)	Wrestling
(SKIP to 94)	Yoga
	Other
(SKIP to 96)	[No Other Activity]
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

256. (INTERVIEWER: Enter Verbatim Response From Previous Question, or READ If Necessary:) During the past month, what OTHER type of physical activity or exercise did you spend the most time doing?

- [Don't Know/Not Sure]
- [Refused]
- Other (Specify)

94. And during the past month, how many TIMES per week or per month did you take part in this activity?

	TIMES PER WEEK
(SKIP to IVAR94B)	TIMES PER MONTH
(SKIP to 95)	[Don't Know/Not Sure]
(SKIP to 95)	[Refused]
	[Terminate Interview]

IVAR94A. INTERVIEWER: Enter the times per week specified in the previous question.

NOTE: SKIP to 95.

IVAR94B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

95. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

	MINUTES
(SKIP to IVAR95B)	HOURS
(SKIP to 96)	[Don't Know/Not Sure]
(SKIP to 96)	[Refused]
	[Terminate Interview]

IVAR95A. INTERVIEWER: Enter the minutes specified in the previous question.

1 to 600

NOTE: SKIP to 96.

IVAR95B. INTERVIEWER: Enter the hours specified in the previous question.

1 to 24

96. During the past month, how many TIMES per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

	TIMES PER WEEK
(SKIP to IVAR96B)	TIMES PER MONTH
(SKIP to NOTE before 332)	[Never]
(SKIP to NOTE before 332)	[Don't Know/Not Sure]
(SKIP to NOTE before 332)	[Refused]
	[Terminate Interview]

IVAR96A. INTERVIEWER: Enter the times per week specified in the previous question.

1 to 25

NOTE: SKIP to NOTE before 332.

IVAR96B. INTERVIEWER: Enter the times per month specified in the previous question.

1 to 100

NOTE: If Q3 is "Cherokee County", ASK Q332.
If Q3 is "Clay County" or "Graham County", SKIP to 333. If
Q3 is "Swain County", SKIP to 334.
All Others, SKIP to 335.

CHEROKEE COUNTY

332. Please tell me your level of agreement or disagreement with the following statement:

I believe my county provides the facilities and programs needed for ADULTS,
CHILDREN and YOUTH to be physically active throughout the year.

Do you:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- or Strongly Disagree
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 335.

CLAY AND GRAHAM COUNTIES

333. The next question is about some pets you may have. Are ALL dogs, cats, and ferrets
that you own as pets up-to-date on their rabies vaccinations?

- Yes
- No
- [No Pets]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 335.

SWAIN COUNTY

334. Do you feel existing community resources or services for SENIORS are:

- More Than Sufficient
- Sufficient
- Insufficient
- or Not Available
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

335. Now I would like to ask, in general, how satisfied are you with your life? Would you say:

- Very Satisfied
- Satisfied
- Dissatisfied
- or Very Dissatisfied
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

336. How often do you get the social and emotional support you need? Would you say:

- Always
- Usually
- Sometimes
- Seldom
- or Never
- [Not Applicable]
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE:

If Q3 is "Swain County", ASK Q99.

All Others, SKIP to SCRIPTING NOTE before 337.

SWAIN COUNTY

99. Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is:
- Excellent

Very Good

Good

Fair

or Poor

[Don't Know/Not Sure]

[Refused]

[Terminate Interview]

SCRIPTING NOTE: If Q3 is "Swain County", set '+temp337+' to "For"/"¿Por".

All Others, set '+temp337+' to "Now thinking about your MENTAL health, which includes stress, depression and problems with emotions, for"/"Pensando ahora en su salud MENTAL, la cual incluye estrés, tensión, depresión y problemas emocionales, ¿por".

337. '+temp337+' how many days during the past 30 days was your mental health NOT good?
- 0 to 30

[Don't Know/Not Sure]

[Refused]

NOTE:

If Q3 is "Buncombe County", ASK Q100.

If Q3 is "Haywood County", SKIP to 101.

All Others, SKIP to 105.

BUNCOMBE COUNTY

100. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: SKIP to 105.

HAYWOOD COUNTY

101. Thinking about the amount of stress in your life, would you say that most days are:
- Extremely Stressful
- Very Stressful
- Moderately Stressful
- Not Very Stressful
- or Not At All Stressful
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]
105. Was there a time in the past 12 months when you needed mental health care or counseling, but did not get it at that time?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

NOTE: If Q3 is "Polk County", ASK Q338.

All Others, SKIP to READ BOX before 339.

POLK COUNTY

338. In the past 12 months, have mental or emotional problems made it difficult for you or someone in your household to HOLD A JOB?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

Now I would like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

At the end of this section, I will give you a phone number for an organization that can provide information and referrals for these issues.

As you answer these questions, please think back to the time period before you were 18 years of age.

339. Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- (SKIP to [GOODBYE](#))
- [Terminate Interview]

340. Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- (SKIP to [GOODBYE](#))
- [Terminate Interview]

341. Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
- Yes
- No
- [Don't Know/Not Sure]
- [Refused]
- (SKIP to [GOODBYE](#))
- [Terminate Interview]

342.

Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

Yes

No

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]
343.

Before you were 18 years of age, were your parents separated or divorced?

Yes

No

[Parents Never Married]

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]
344.

Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up? Would you say:

Never

Once

or More Than Once

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]
345.

Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say:

Never

Once

or More Than Once

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]
346.

Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down? Would you say:

Never

Once

or More Than Once

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

347. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually? Would you say:

- Never
- Once
- or More Than Once
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

(SKIP to [GOODBYE](#))

348. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually? Would you say:

- Never
- Once
- or More Than Once
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

(SKIP to [GOODBYE](#))

349. Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex? Would you say:

- Never
- Once
- or More Than Once
- [Don't Know/Not Sure]
- [Refused]
- [Terminate Interview]

(SKIP to [GOODBYE](#))

I mentioned when we started this section that I would give you a phone number for an organization that can provide information and referrals for these issues. This number is for the National Hotline for child abuse, and the number is 1-800-4-A-CHILD, or 1-800-422-4453.

114. Total Family Household Income.

Under \$12,100

\$12,100 to \$16,199

\$16,200 to \$20,399

\$20,400 to \$24,399

\$24,400 to \$28,799

\$28,800 to \$32,799

\$32,800 to \$37,099

\$37,100 to \$41,099

\$41,100 to \$45,499

\$45,500 to \$49,499

\$49,500 to \$53,899

\$53,900 to \$57,799

\$57,800 to \$65,899

\$65,900 to \$74,299

\$74,300 to \$82,599

\$82,600 to \$90,999

\$91,000 to \$99,399

\$99,400 to \$107,699

\$107,700 to \$116,099

\$116,100/Over

[Don't Know/Not Sure]

[Refused]

(SKIP to [GOODBYE](#))

[Terminate Interview]

350. And finally, other than what we've covered in this survey,
what other health issue, if any, do you feel is a major problem
in your community?

[Don't Know/Not Sure]

[Refused]

[No Other Health Issue]

Other (Specify)



Professional Research Consultants, Inc.

That's my last question. Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.



Professional Research Consultants, Inc.

2018 PRC Community Health Needs Assessment

McDowell County

Prepared for:

WNC Healthy Impact

By Professional Research Consultants, Inc.

**Custom Research
for Achieving Excellence**

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WNC**HEALTHY**IMPACT

Methodology

Survey methodology

- 2,602 surveys were completed via telephone (landline [71%] and cell phone [29%]); while 663 were completed online
- Allows for high participation and random selection
 - These are critical to achieving a sample representative of county and regional populations by gender, age, race/ethnicity, income
- English and Spanish

Methodology

3,265 surveys throughout WNC

- Adults age 18+
- Gathered data for each of 16 counties
- Weights were added to enhance representativeness of data at county and regional levels

Methodology

Individual county samples allow for drill-down by:

- Gender
- Income
- Other categories, based on question responses

Survey Instrument

Based largely on national survey models

- When possible, question wording from public surveys (e.g., CDC BRFSS)

75 questions asked of all counties

- Each county added three county-specific questions
- Approximately 15-minute interviews
- Questions determined by WNC stakeholder input

Keep in mind

Sampling levels allow for good local confidence intervals, but you should still keep in mind that error rates are larger at the county level than for WNC as a region

- Results for WNC regional data have maximum error rate of +1.7% at the 95% confidence level
- Results for Buncombe County have maximum error rate of +5.6% at the 95% confidence level
- Results for Graham County have maximum error rate of +7.8% at the 95% confidence level
- Results for other individual counties have maximum error rate of +6.9% at the 95% confidence level

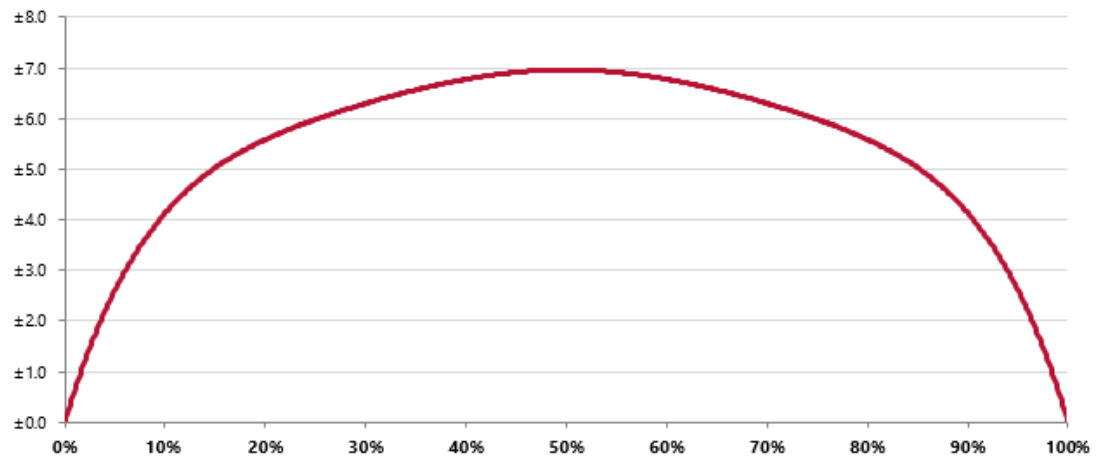
PRC indicates in regional report when differences – between county and regional results, different demographic groups, and 2012 to 2015 – are statistically significant

Keep in mind

For more detailed information on methods, see:

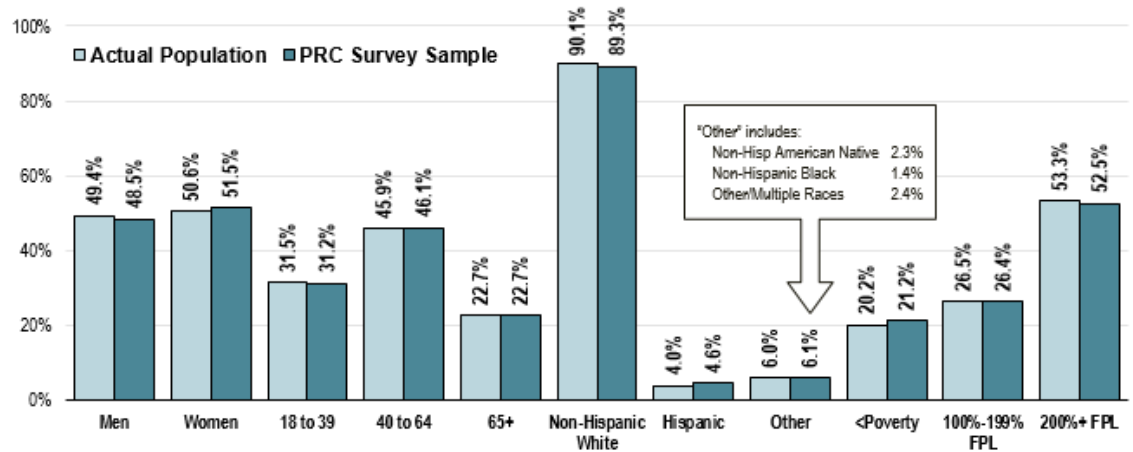
- PRC's Primary Data Collection: Research Approach & Methods document (2018)
- County-specific CH(N)A Templates

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



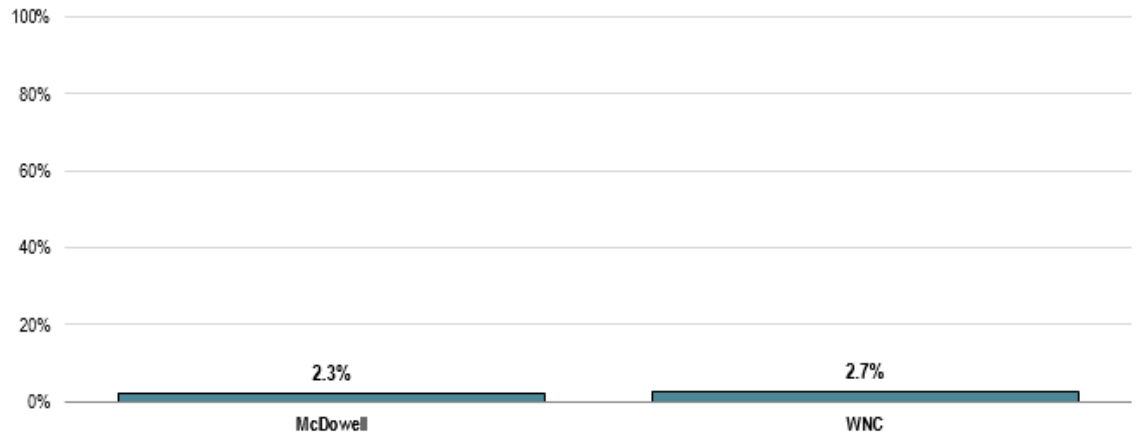
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Population & Survey Sample Characteristics (Age 18 and Older; McDowell County, 2018)



Sources: • 2011-2015 American Community Survey, U.S. Census Bureau.
 • PRC Community Health Survey, Professional Research Consultants, Inc.

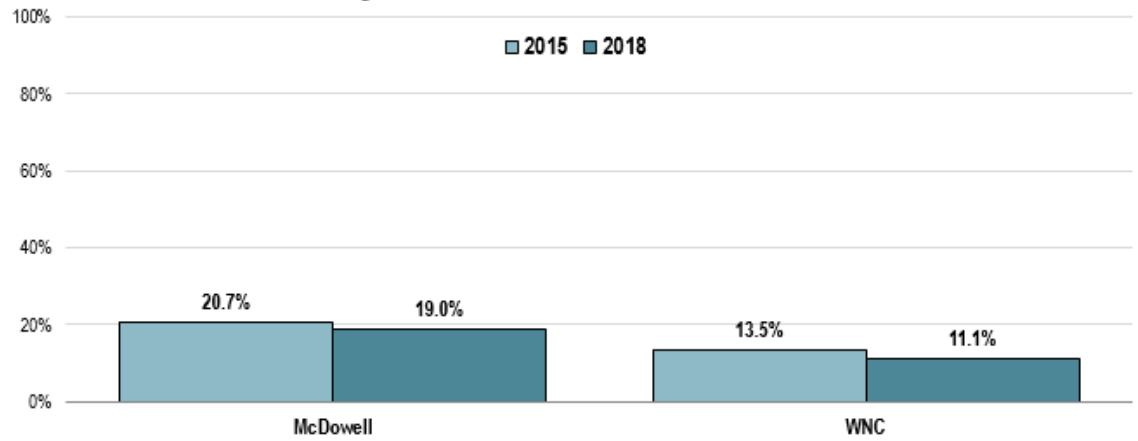
Native American Sample (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 178, 321]
 Notes: • Asked of all respondents.

QUALITY OF LIFE

County Is a “Fair/Poor” Place to Live



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.

Top Three County Issues Perceived as in Most Need of Improvement (2018)

	McDowell	WNC
Availability of Employment	✓	✓
Road Maintenance		✓
Higher Paying Employment		
Drugs	✓	
Affordable/Better Housing		✓
Better/More Affordable Healthcare		
Internet Availability		
The Justice System/Law Enforcement		
Government		
Nothing	✓	

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: • Asked of all respondents.

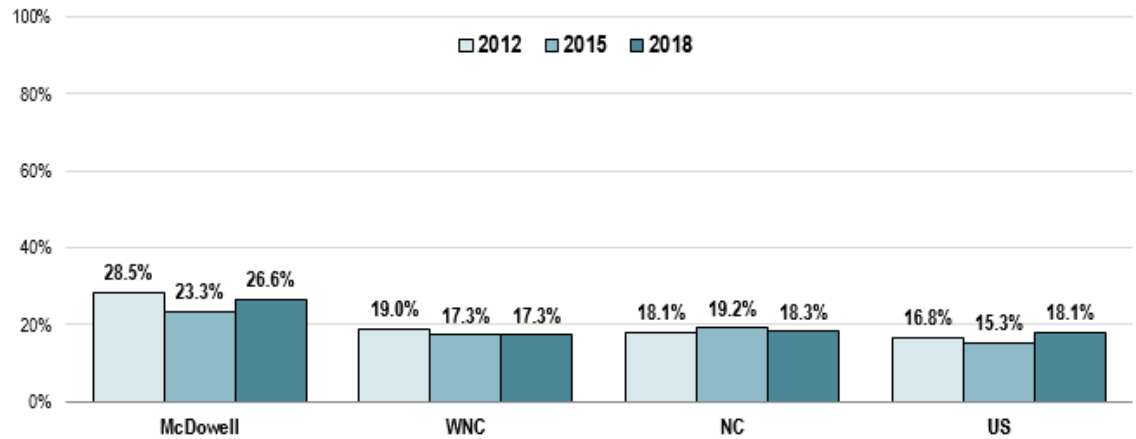
SELF-REPORTED HEALTH STATUS



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Overall Health

Experience “Fair” or “Poor” Overall Health



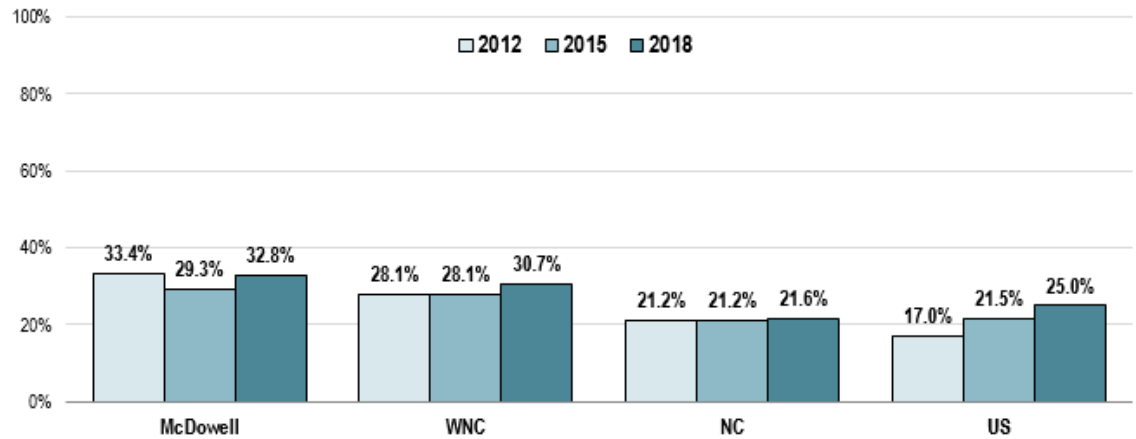
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



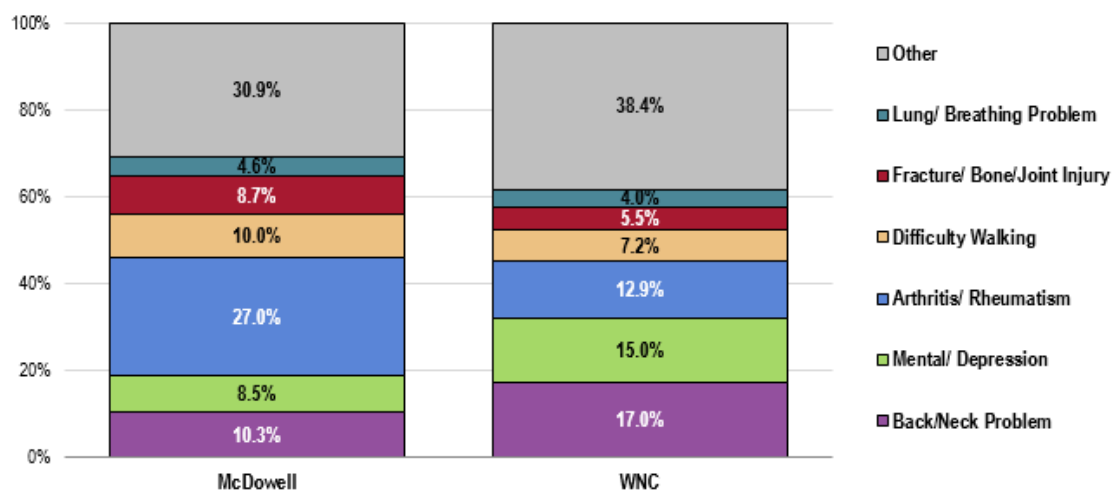
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; By County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes: • Asked of respondents who noted some type of activity limitation.

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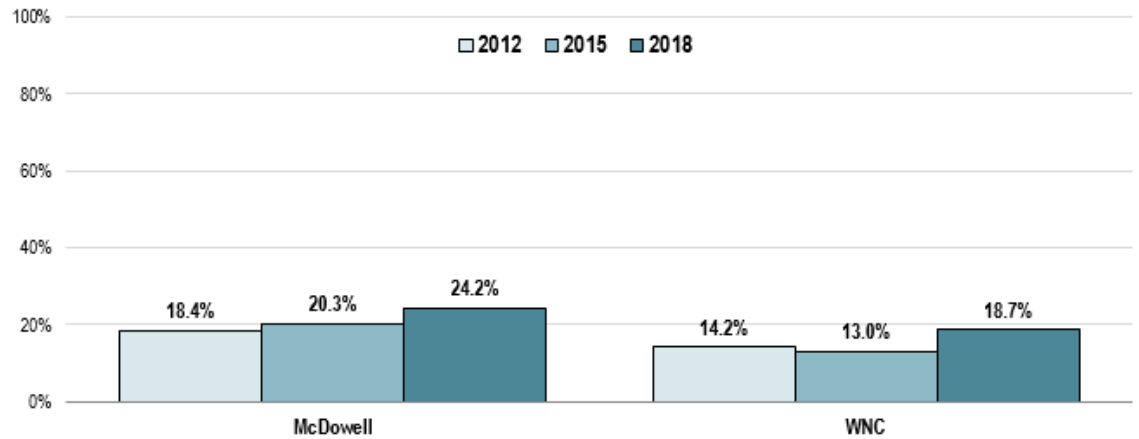
Professional Research Consultants, Inc.

Mental Health & Mental Disorders



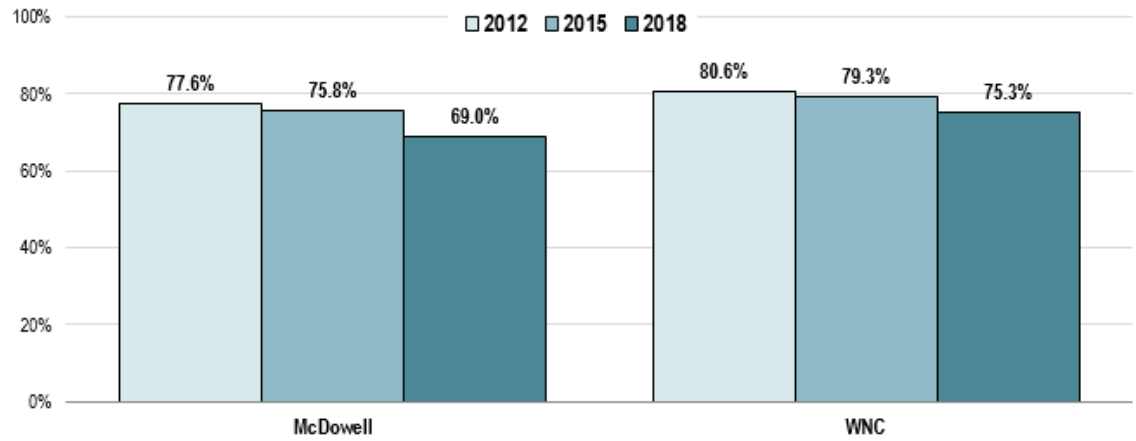
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>7 Days of Poor Mental Health in the Past Month



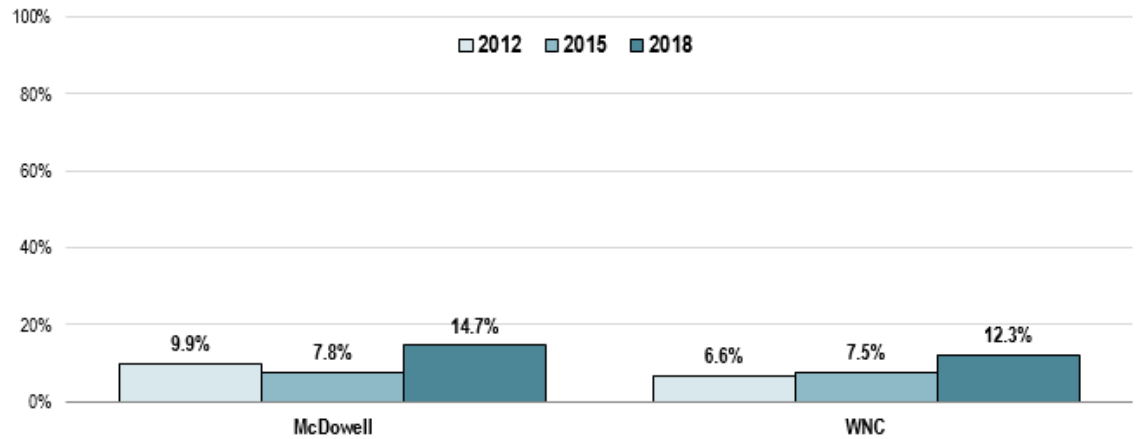
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 337]
Notes: • Asked of all respondents.

“Always” or “Usually” Get Needed Social/Emotional Support



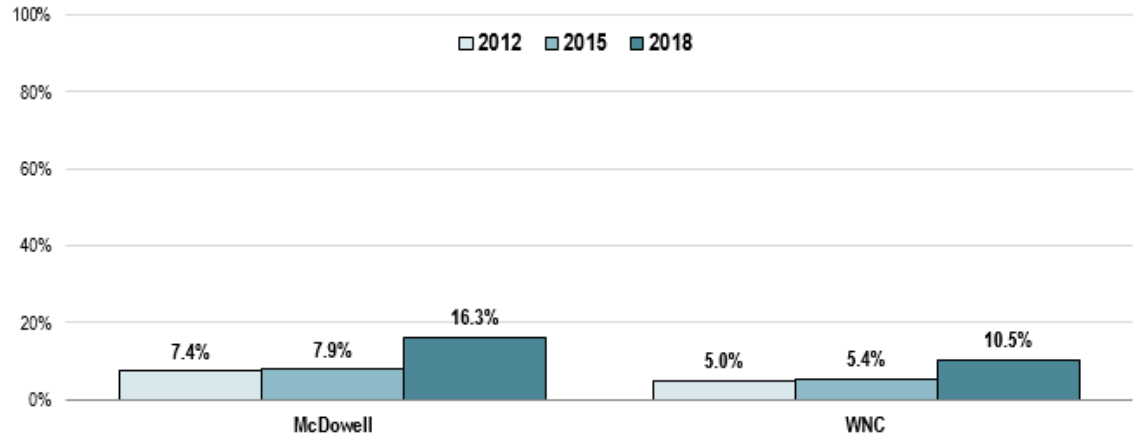
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
 Notes: • Includes “always” and “usually” responses.

Did Not Get Mental Health Care or Counseling that was Needed in the Past Year



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.

Dissatisfied with Life (“Dissatisfied” and “Very Dissatisfied” Responses)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 335]
Notes: • Asked of all respondents.

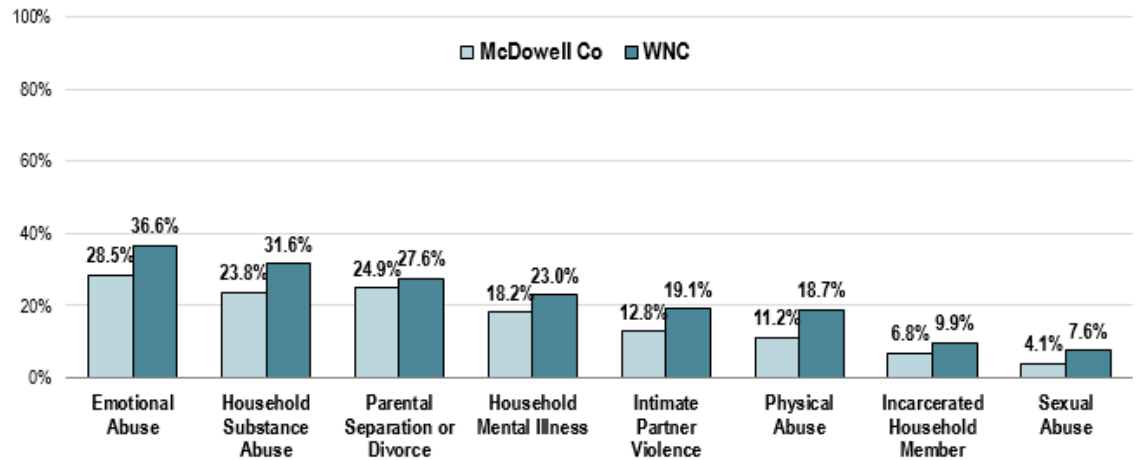
Adverse Childhood Experiences (ACEs)

Category	Question
Household Mental Illness	Before you were 18 years of age, did you live with anyone who was depressed, mentally ill, or suicidal?
Household Substance Abuse	Before you were 18 years of age, did you live with anyone who was a problem drinker or alcoholic?
	Before you were 18 years of age, did you live with anyone who used illegal street drugs or who abused prescription medications?
Incarcerated Household Member	Before you were 18 years of age, did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?
Parental Separation or Divorce	Before you were 18 years of age, were your parents separated or divorced?
Intimate Partner Violence	Before age 18, how often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Physical Abuse	Before age 18, how often did a parent or adult in your home hit, beat, kick, or physically hurt you in any way? Do not include spanking.
Emotional Abuse	Before age 18, how often did a parent or adult in your home swear at you, insult you, or put you down?
Sexual Abuse	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you touch you sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you try to make you touch them sexually?
	Before you were 18 years of age, how often did an adult or anyone at least 5 years older than you force you to have sex?

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 339-349, 351-360]

Notes: • Reflects the total sample of respondents.

Experienced Adverse Childhood Experiences (ACEs) Prior to Age 18 (2018)

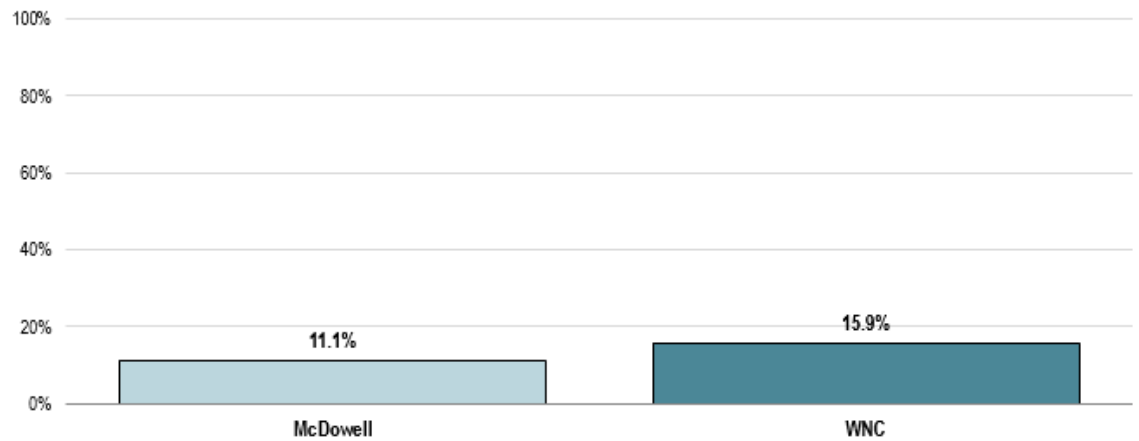


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 351-358]

Notes: • Asked of all respondents (Adults 18+).

• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

Prevalence of High ACE Scores (4 or More) (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 359]

Notes: • Asked of all respondents (Adults 18+).

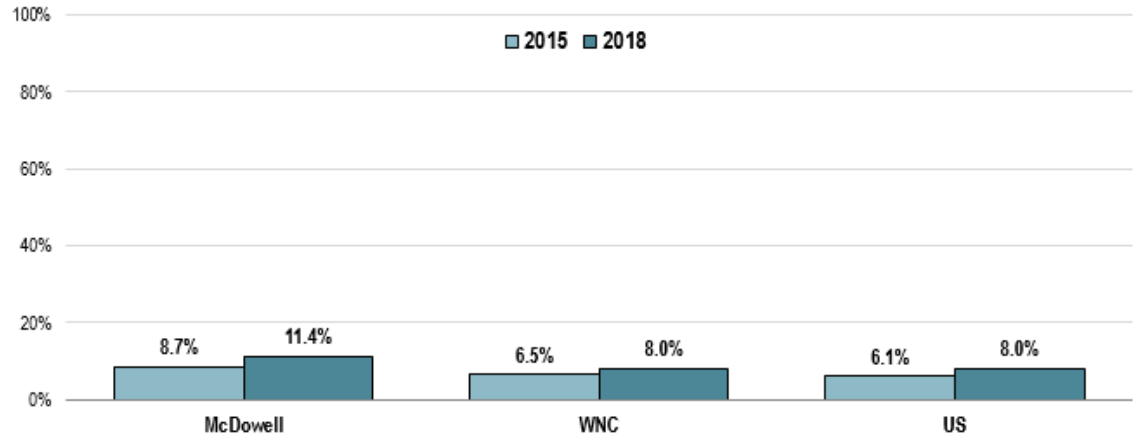
• ACEs are stressful or traumatic events, including abuse and neglect. They are a significant risk factor for substance abuse disorders and can impact prevention efforts.

• Adults with at least one adverse childhood experience (ACE) are categorized as having a low ACE score (1-3 ACEs) or a high score (4+ ACEs).

CHRONIC CONDITIONS

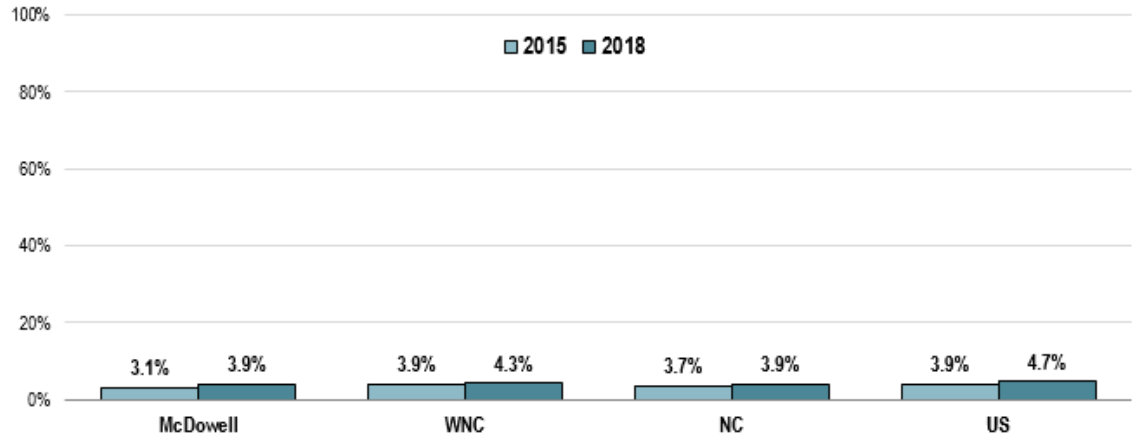
Cardiovascular Risk

Prevalence of Heart Disease



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prevalence of Stroke



Sources:

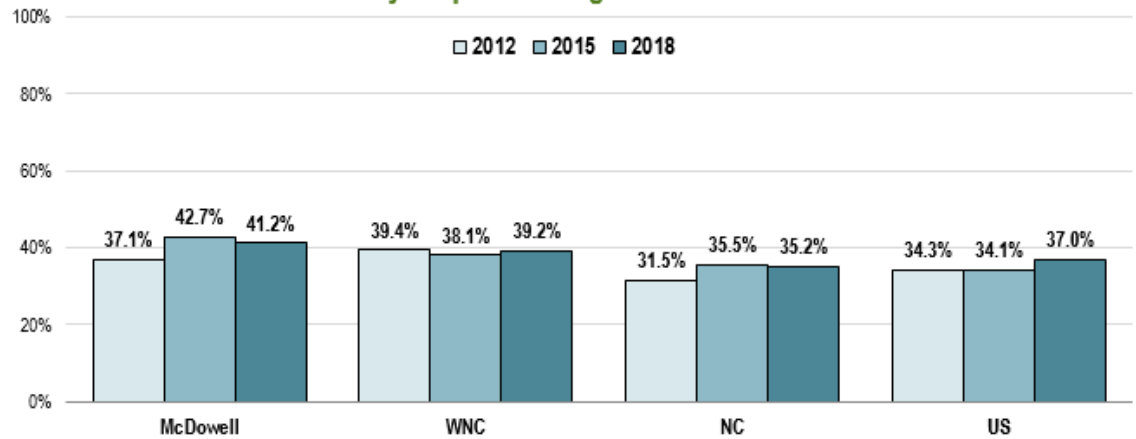
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



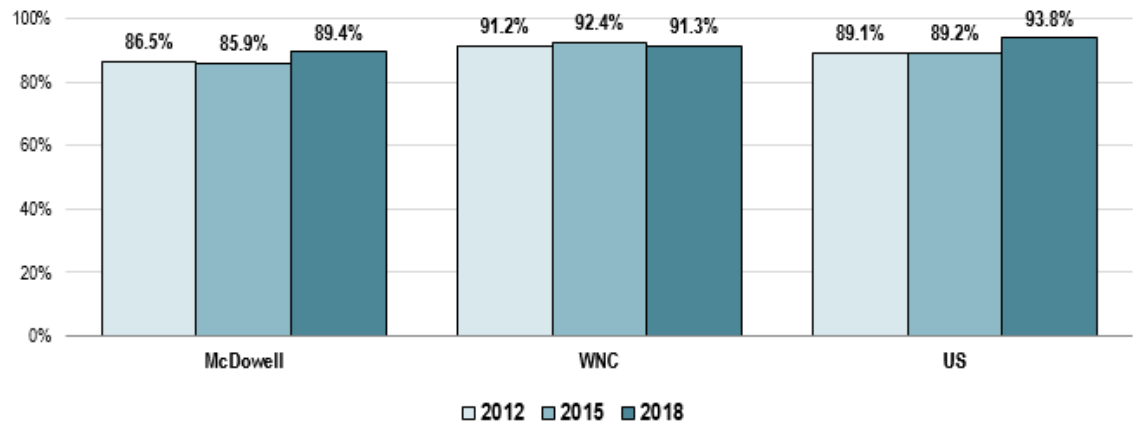
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

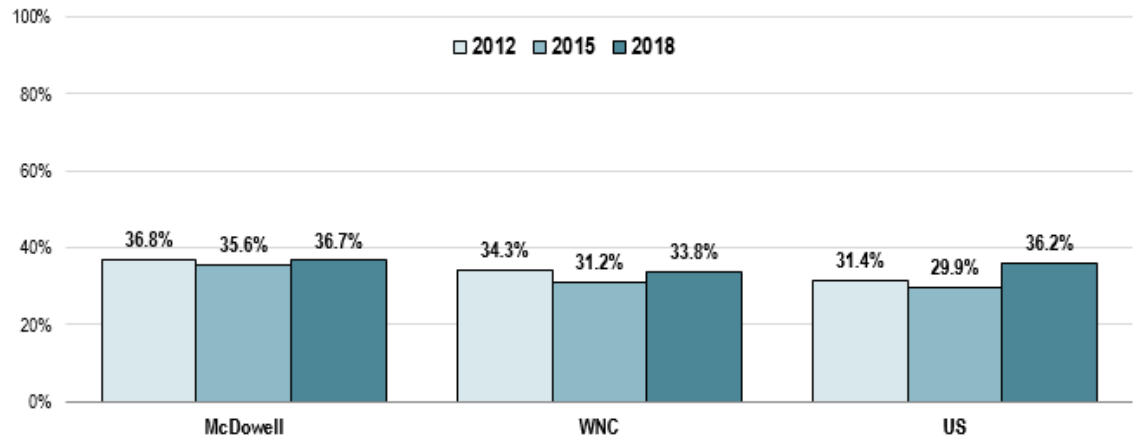
Taking Action to Control High Blood Pressure (Among Adults with High Blood Pressure)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 41]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents reporting having ever been diagnosed with high blood pressure.

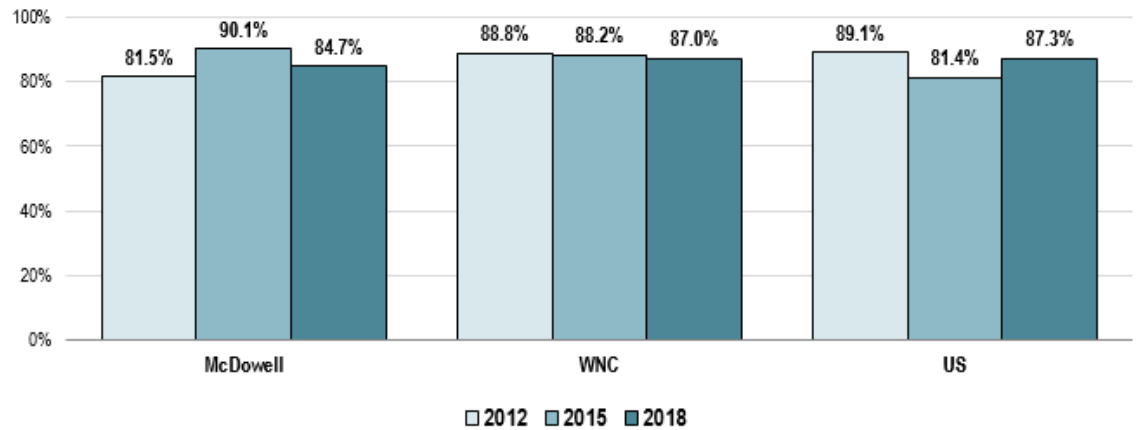
Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

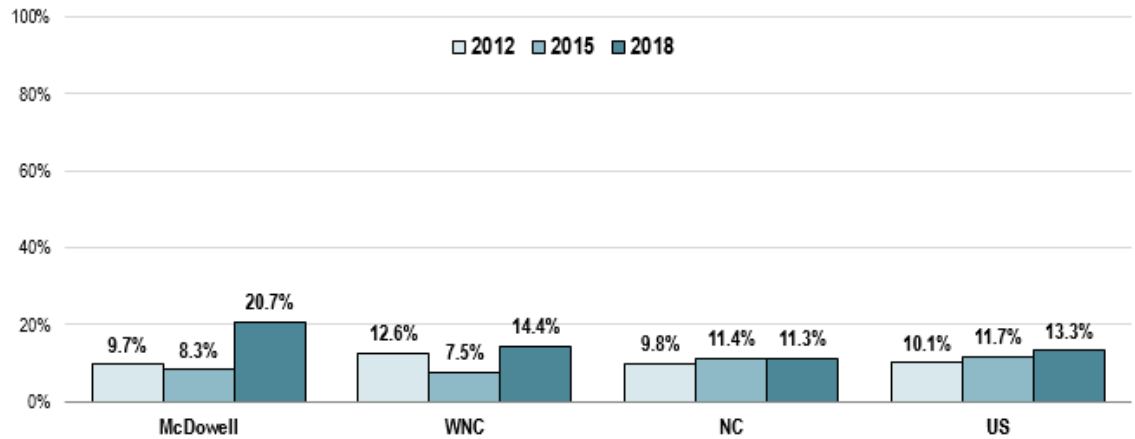
Taking Action to Control High Blood Cholesterol (Among Adults with High Blood Cholesterol Levels)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of respondents reporting having ever been diagnosed with high blood cholesterol.

Diabetes

Prevalence of Diabetes (Ever Diagnosed)



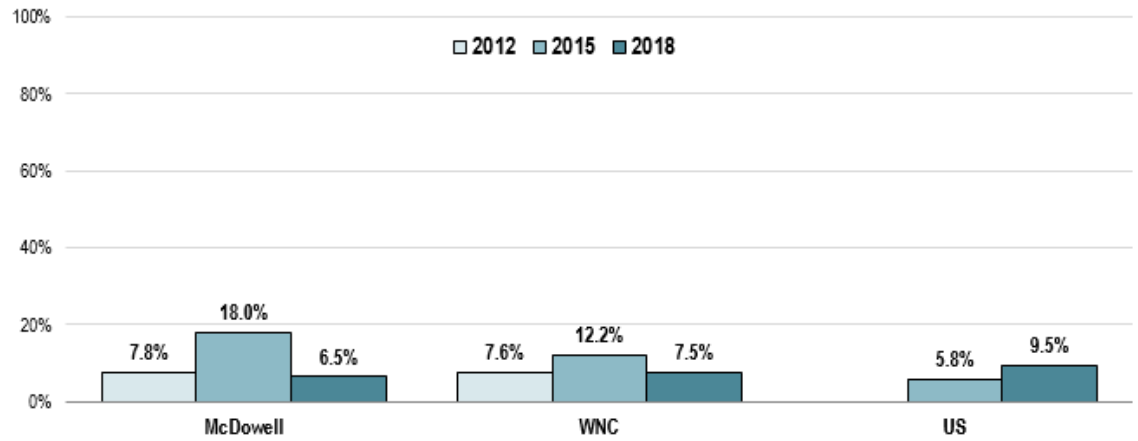
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

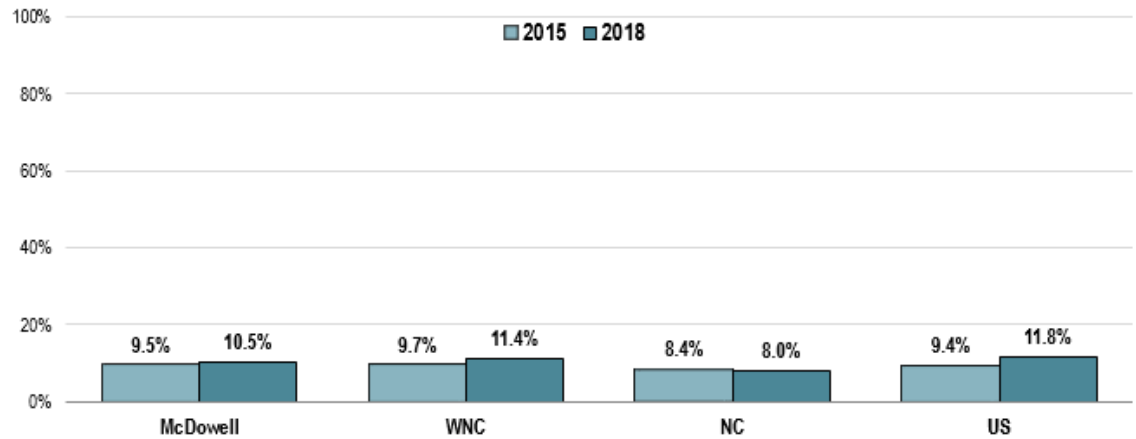
Prevalence of Borderline or Pre-Diabetes



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Respiratory Conditions

Prevalence of Current Asthma



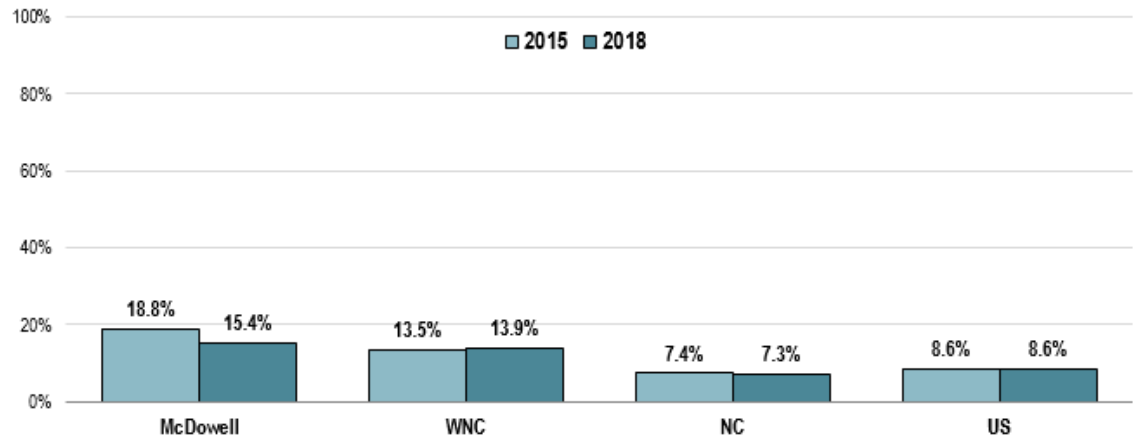
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

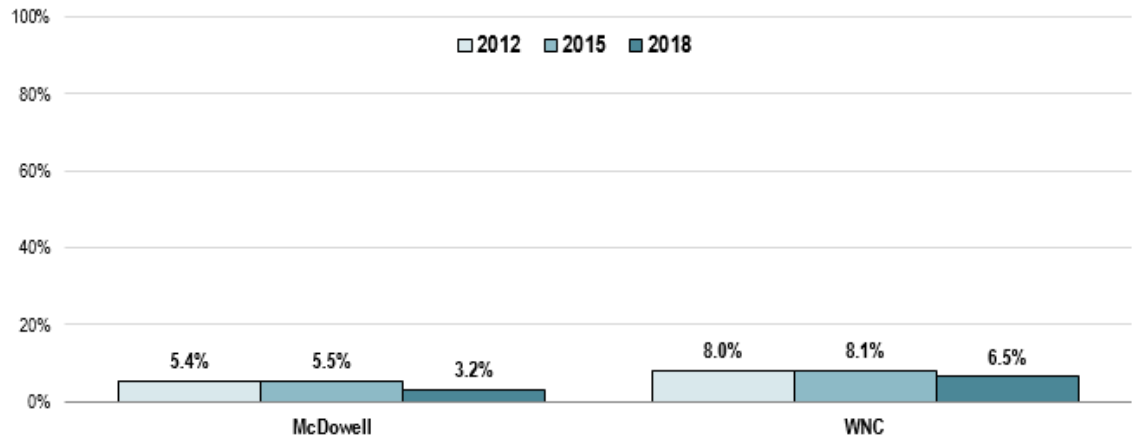
Notes:

- Asked of all respondents.

MODIFIABLE HEALTH RISKS

Nutrition

Consume Five or More Servings of Fruits/Vegetables Per Day

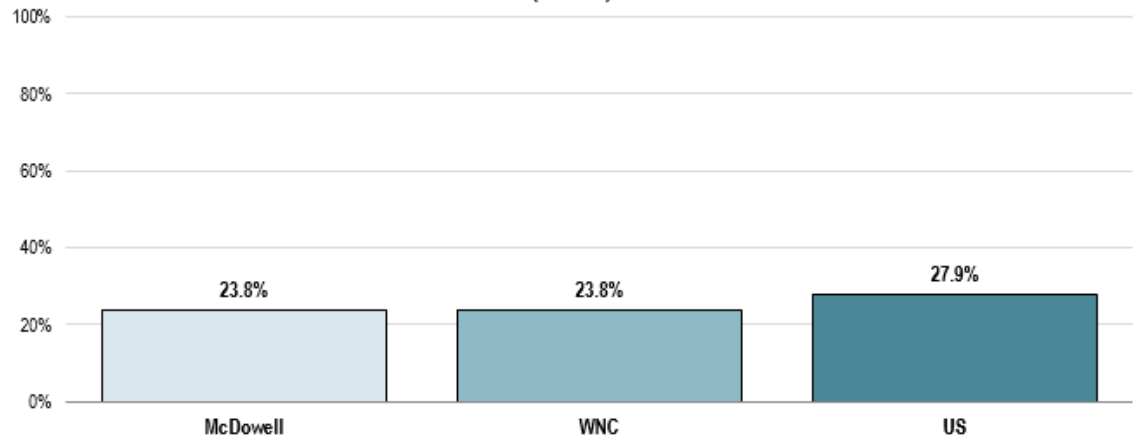


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake during the previous week. Reflects 1-cup servings of fruits and/or vegetables in the past week, excluding lettuce salad and potatoes.

Food Insecurity (2018)



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

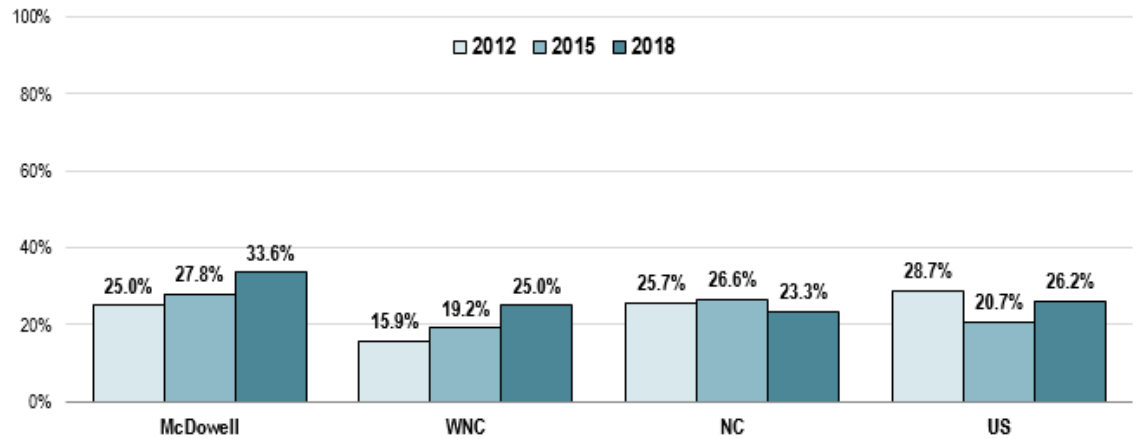
Notes:

- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Physical Activity & Fitness

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower

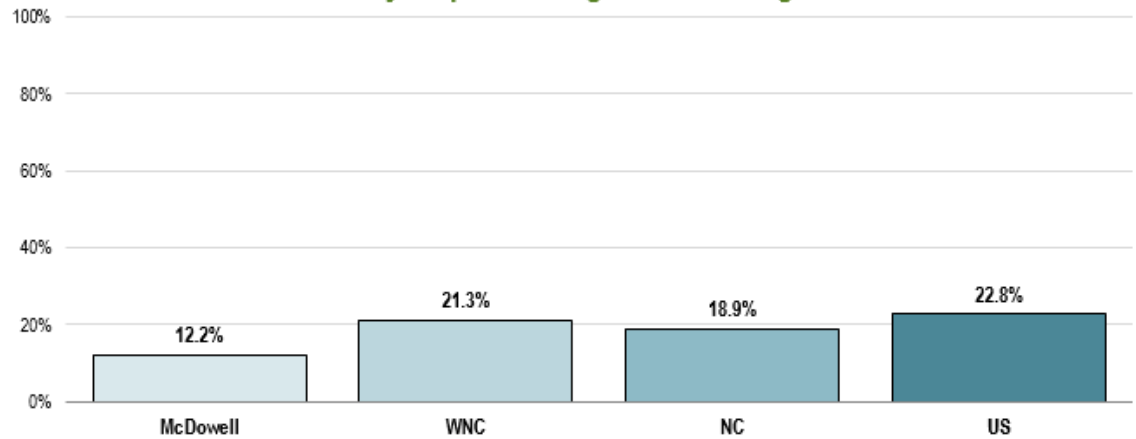


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.

Meets Physical Activity Recommendations

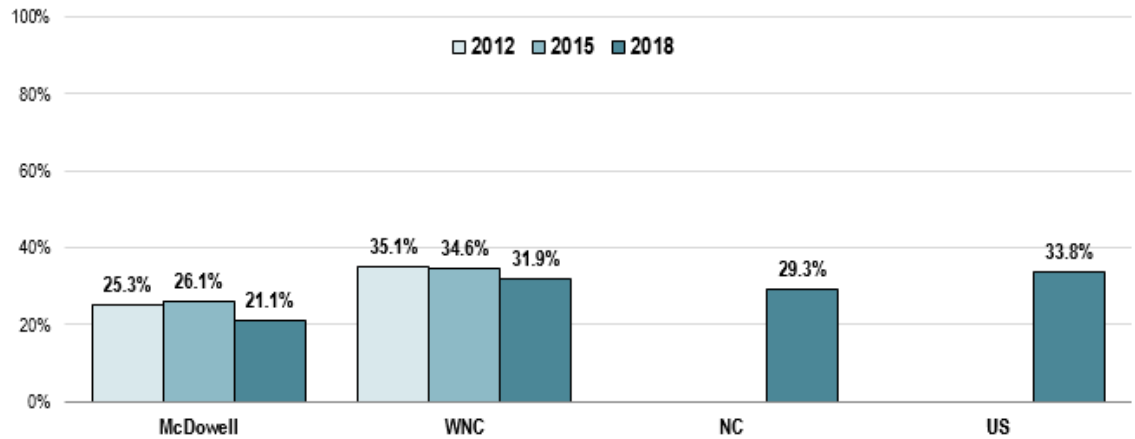
(2018)

Healthy People 2020 Target = 20.1% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
- Notes:
- Asked of all respondents.

Strengthening Physical Activity

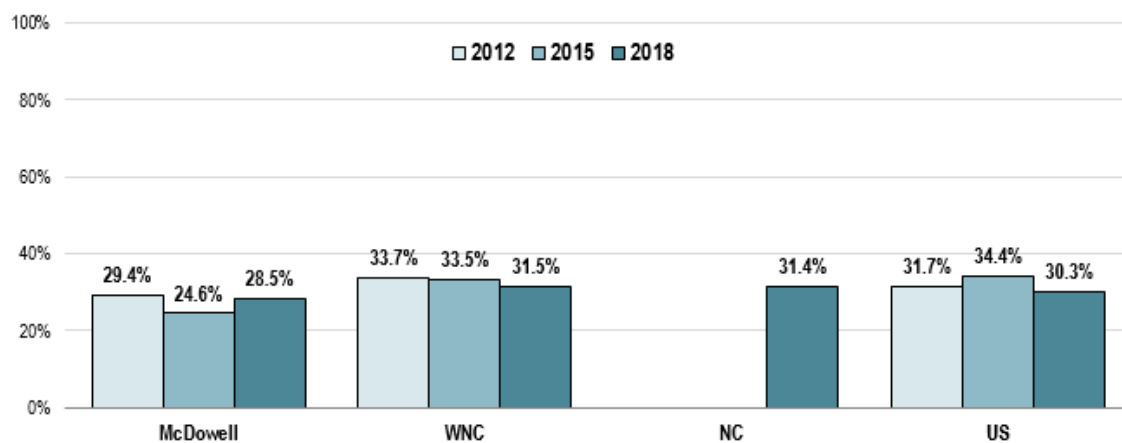


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Takes part in physical activities or exercises that strengthen muscles at least 2 times per week.

Body Weight

Healthy Weight (Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher

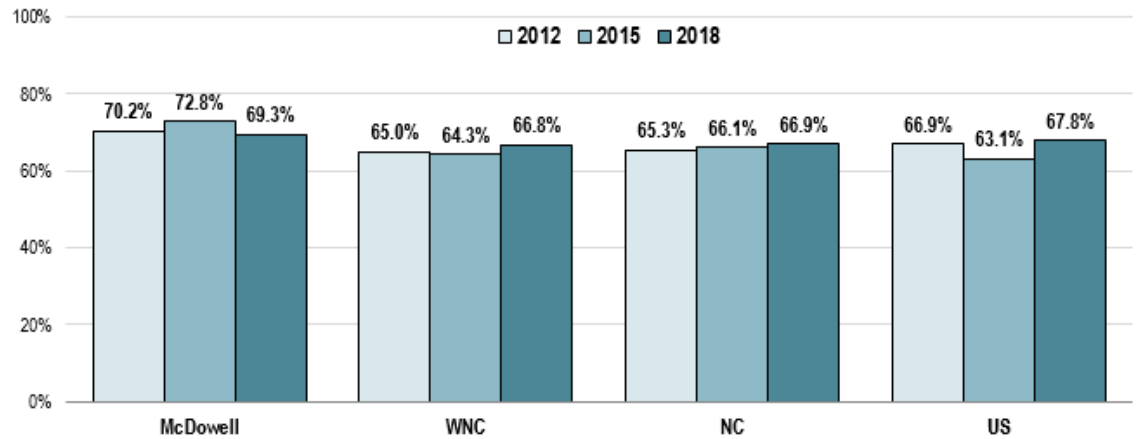


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

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Total Overweight (Overweight or Obese) (Body Mass Index of 25.0 or Higher)

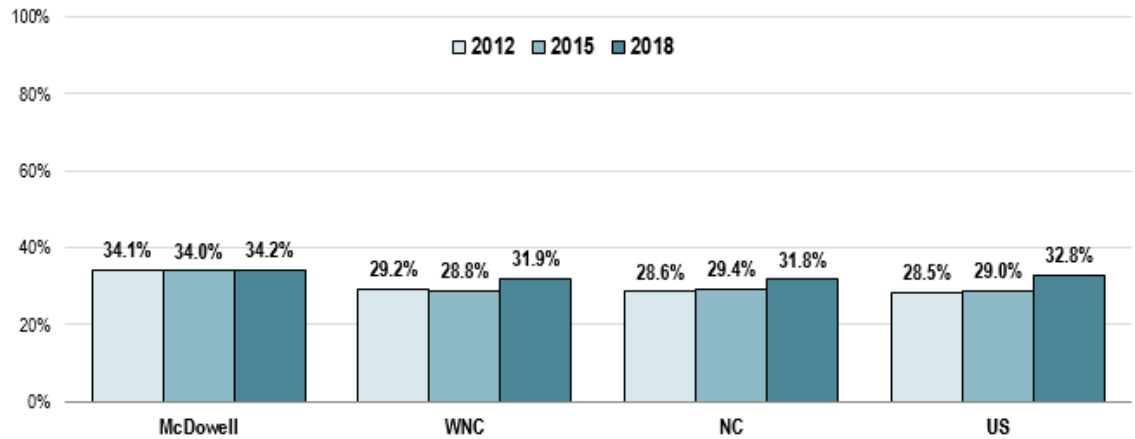


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

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Obesity (Body Mass Index of 30.0 or Higher) Healthy People 2020 Target = 30.6% or Lower



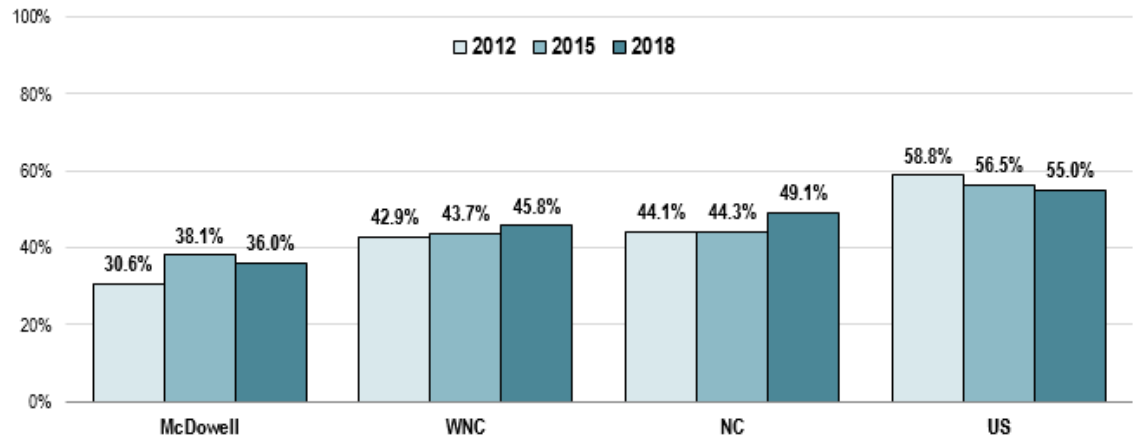
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights; asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

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Substance Abuse

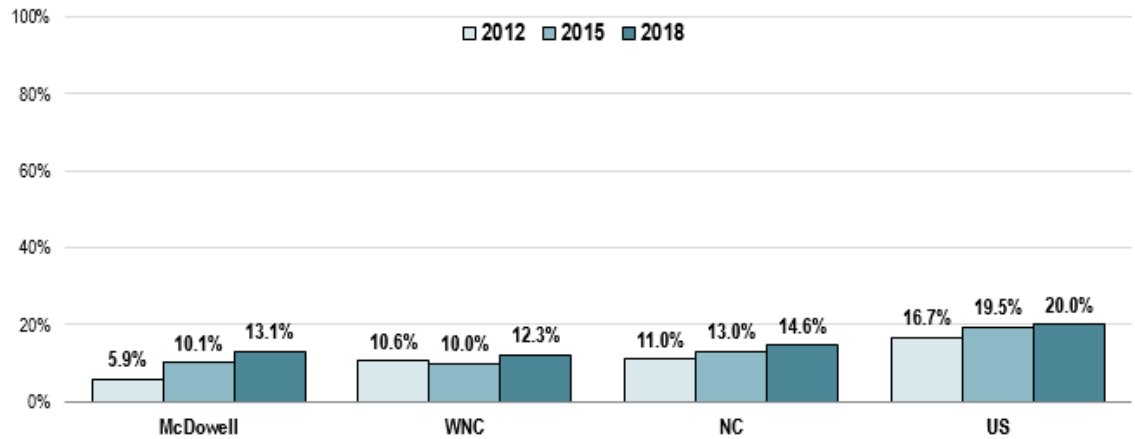
Current Drinkers



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Current drinkers had at least one alcoholic drink in the past month.

Binge Drinkers

Healthy People 2020 Target = 24.2% or Lower



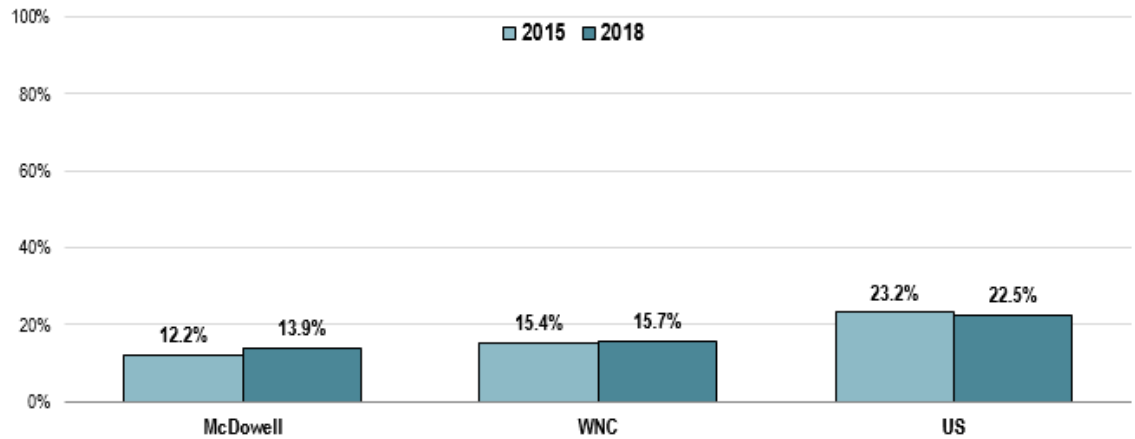
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
 - Binge drinkers are defined as men consuming 5+ alcoholic drinks on any one occasion in the past month or women consuming 4+ alcoholic drinks on any one occasion in the past month.
 - Previous survey data classified both men and women as binge drinkers if they had 5+ alcoholic drinks on one occasion in the past month.

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Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

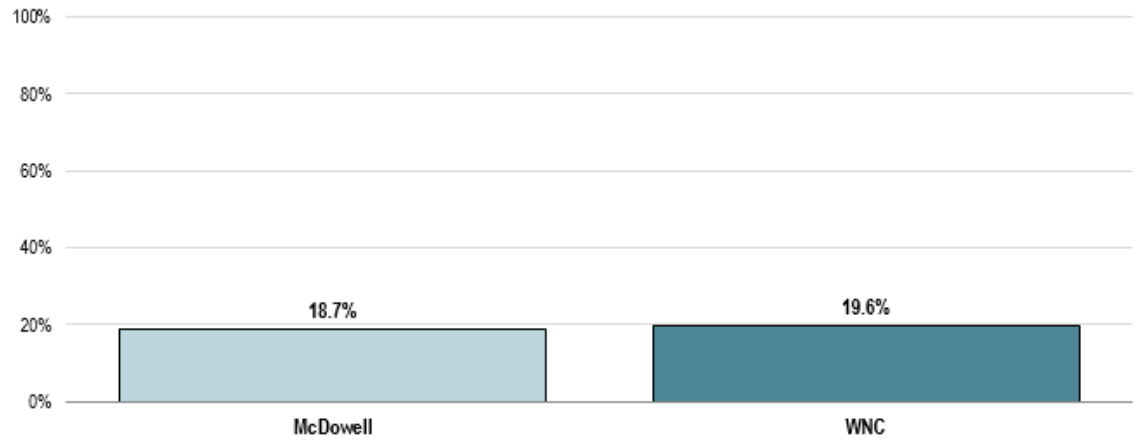
Notes:

- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

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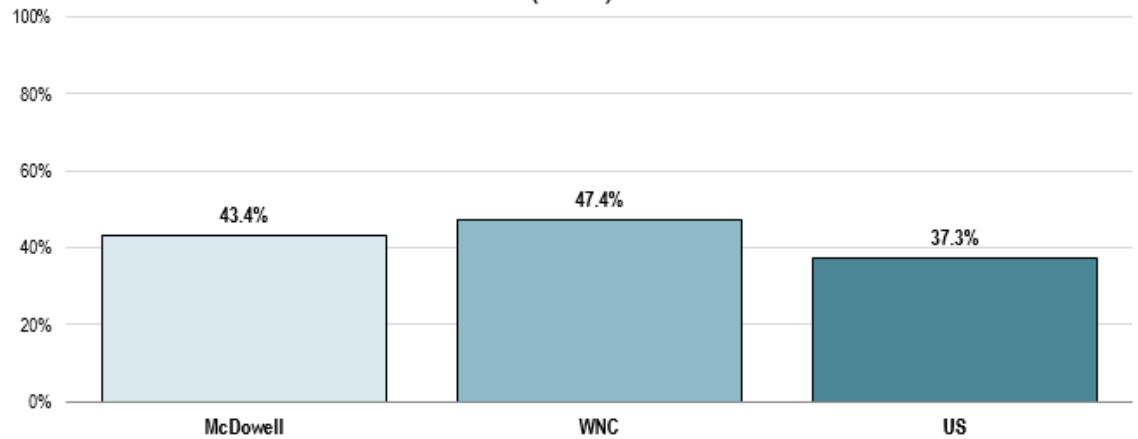
Professional Research Consultants, Inc.

Used Opiates/Opioids in the Past Year, With or Without a Prescription (2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (2018)

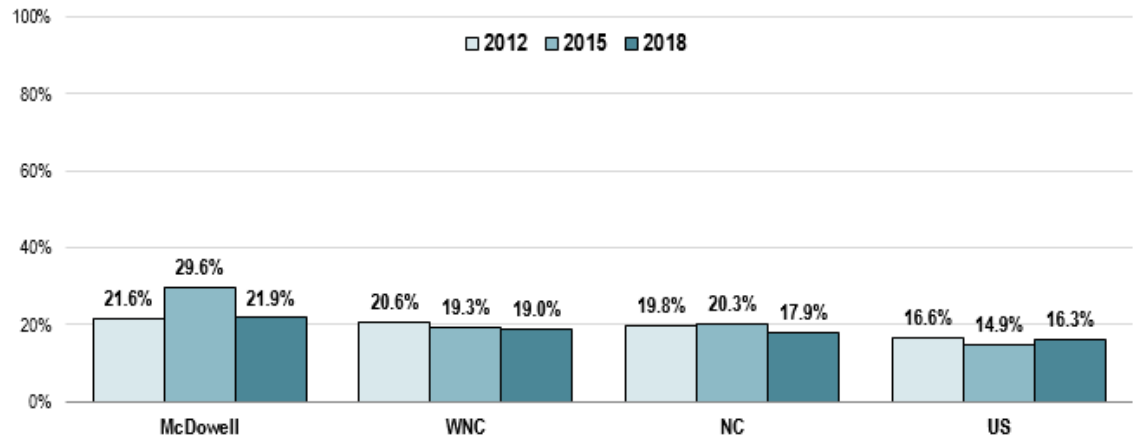


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Tobacco Use

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



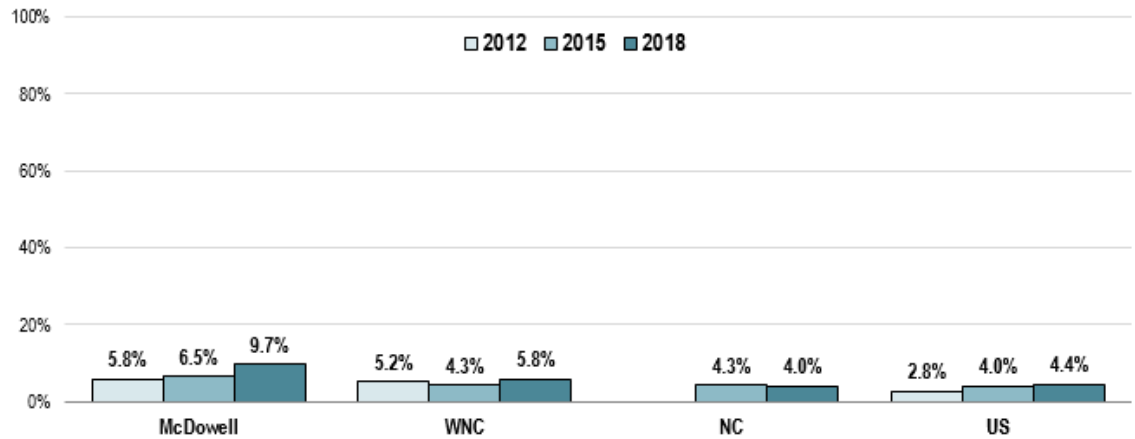
- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

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Currently Use Smokeless Tobacco Products

Healthy People 2020 Target = 0.3% or Lower

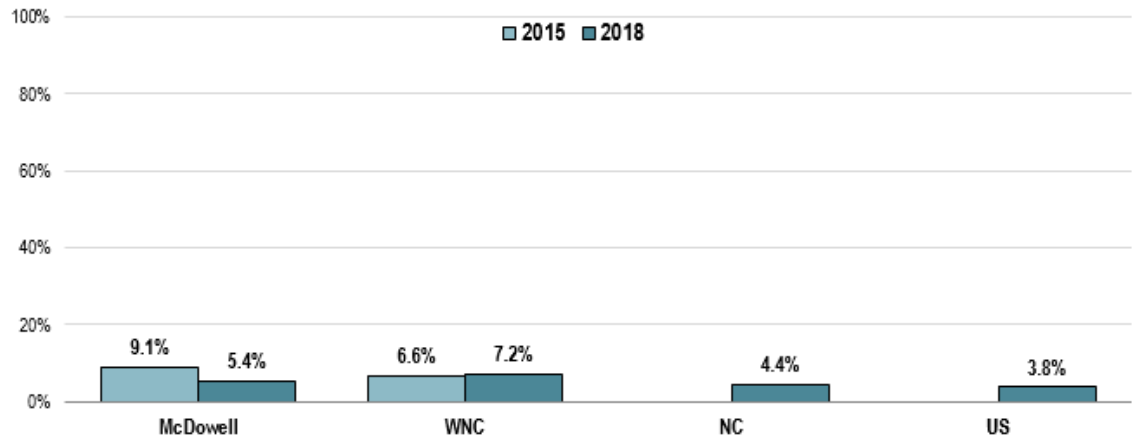


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (everyday and some days).

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Currently Use Vaping Products (Such as E-Cigarettes)

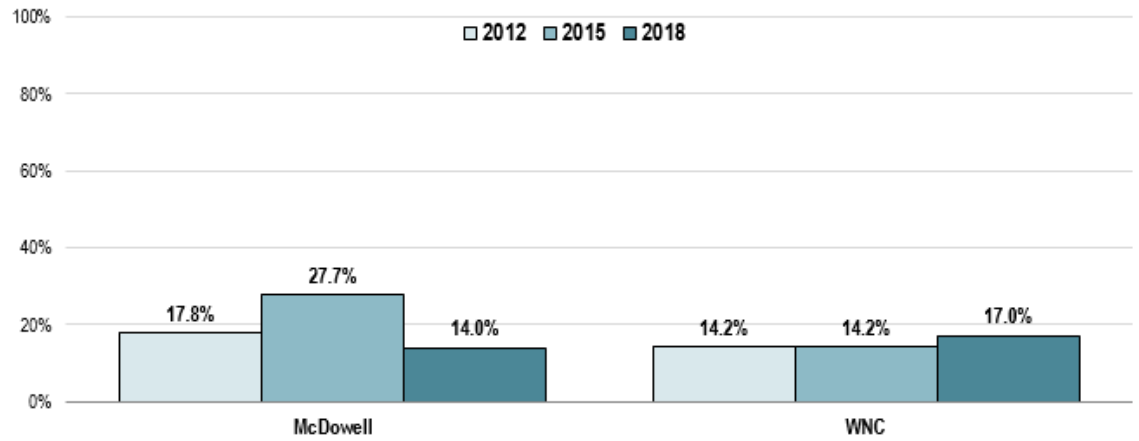


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
- Notes:
- Asked of all respondents.
 - Vaping products (such as electronic cigarettes or e-cigarettes) are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors.
 - Includes regular and occasional smokers (everyday and some days).

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Have Breathed Someone Else's Smoke at Work in the Past Week (Employed Respondents)



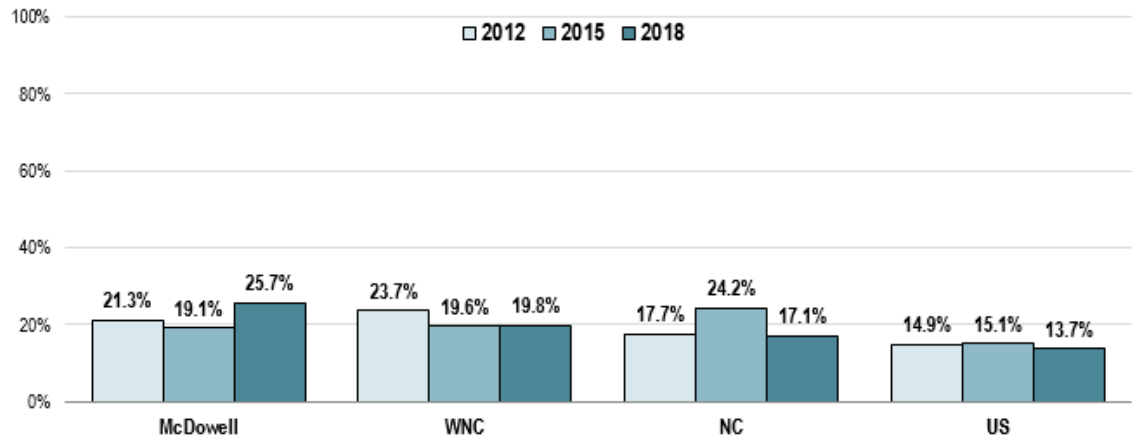
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: • Asked of employed respondents.

Health Insurance Coverage

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 Target = 0.0%

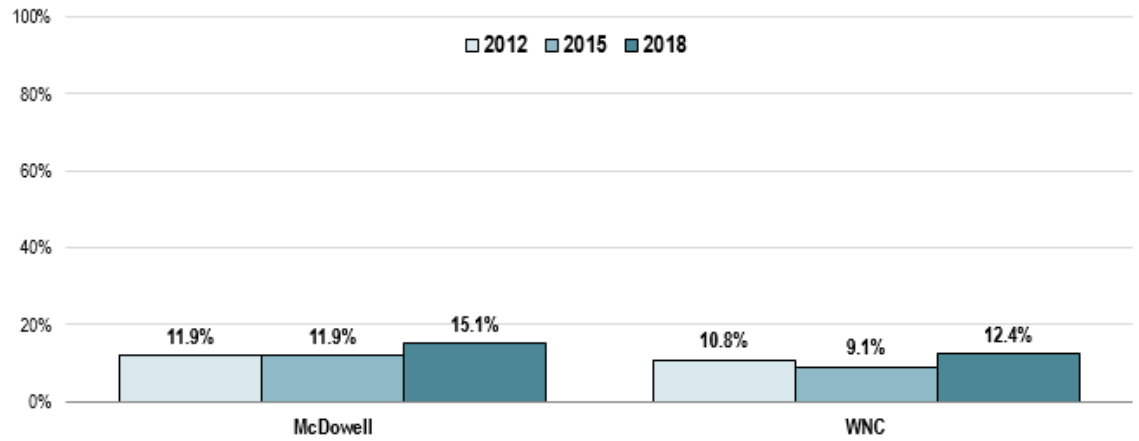


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 326]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Reflects all respondents under the age of 65.
 - Includes any type of insurance, such as traditional health insurance, prepaid plans such as HMOs, or government-sponsored coverage (e.g., Medicare, Medicaid, Indian Health Services, etc.).

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Was Unable to Get Needed Medical Care at Some Point in the Past Year

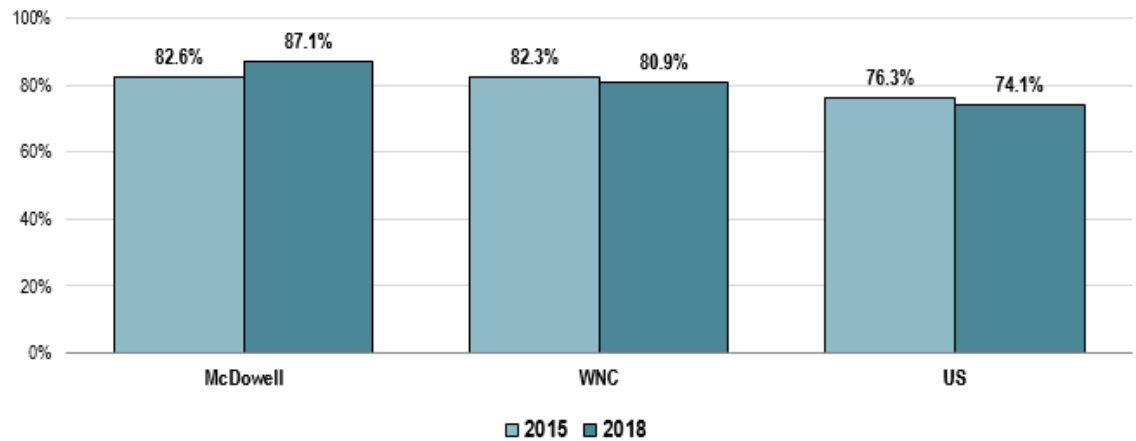


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 303]
Notes: • Asked of all respondents.

Primary Care Services

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



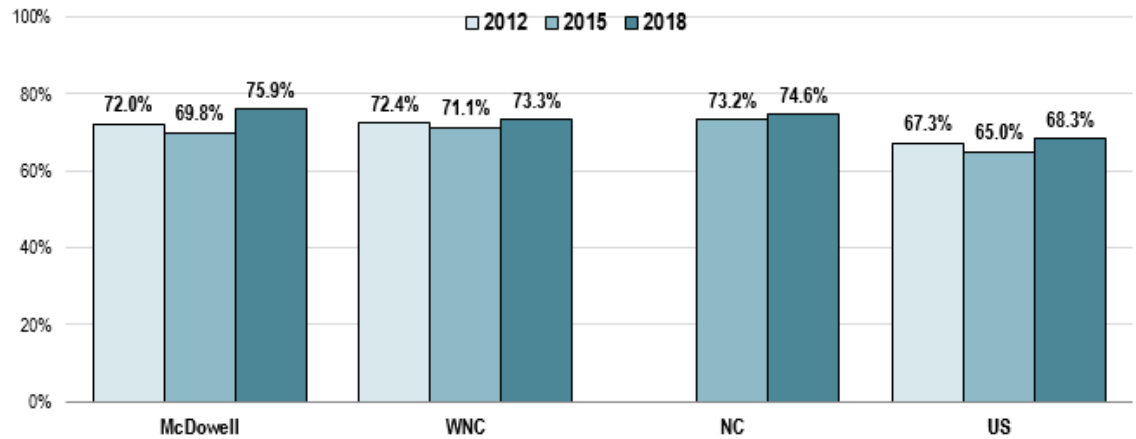
Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes:

- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year



Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.

Notes:

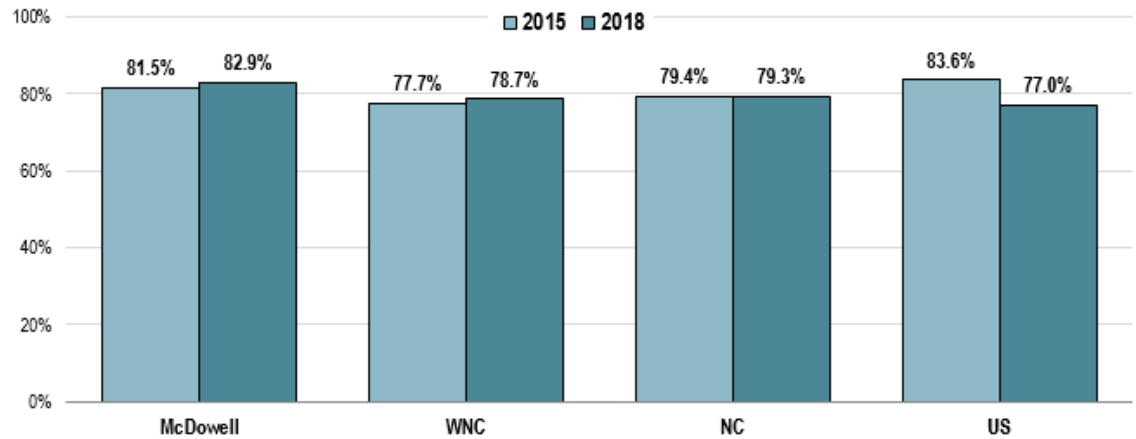
- Asked of all respondents.

Preventive Screenings

Have Had a Mammogram in the Past Two Years

(Women Age 50-74; By County, 2018)

Healthy People 2020 Target = 81.1% or Higher

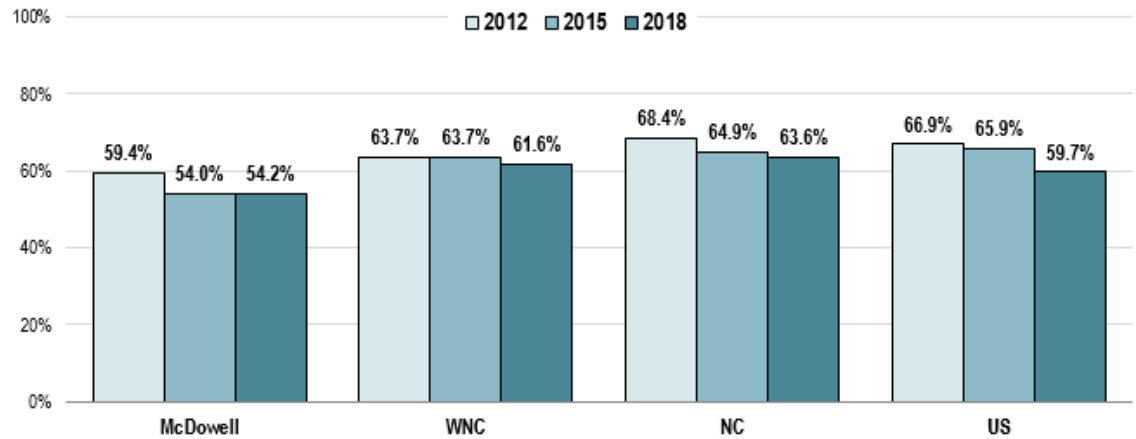


- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents age 50-74.

Oral Health

Have Visited a Dentist or Dental Clinic Within the Past Year

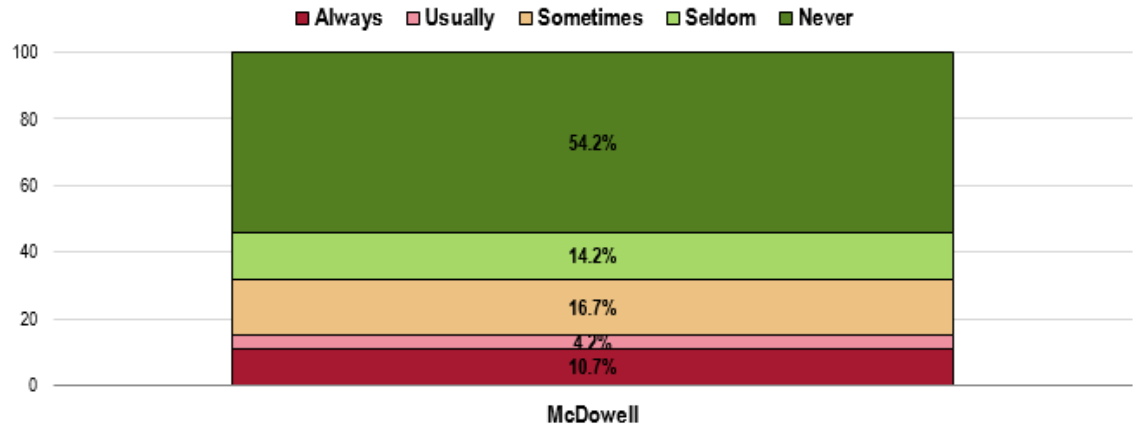
Healthy People 2020 Target = 49.0% or Higher



- Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 - 2017 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 North Carolina data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.

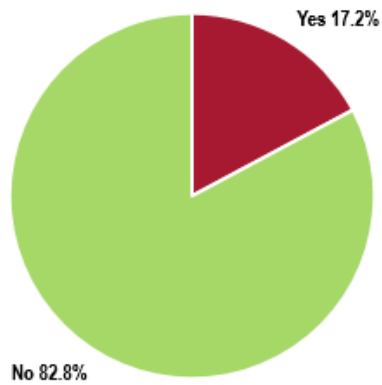
COUNTY-SPECIFIC QUESTIONS

Frequency of Worry or Stress Over Having Enough Money to Pay Rent or Mortgage in the Past Year (2018)



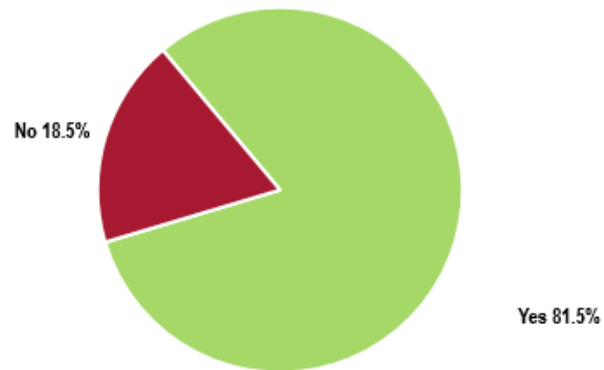
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
 Notes: • Asked of all respondents.

Went Without Electricity, Water, or Heat in the Home at Some Point in the Past Year (McDowell County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
Notes: • Reflects the total sample of respondents.

Have Access to the Internet for Personal Use at Home, Work, or School (McDowell County, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
Notes: • Reflects the total sample of respondents.

APPENDIX E – KEY INFORMANT SURVEY FINDINGS

2018 Community Health Needs Assessment

Online Key Informant Survey Results

McDowell County, North Carolina

Prepared for:
WNC Healthy Impact

By:
Professional Research Consultants, Inc.
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Introduction

Approach

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was implemented as part of the broader Community Health Needs Assessment process. A list of recommended participants was provided by local sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.

Participation

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 20 community stakeholders took part in the Online Key Informant Survey.

Participating Organizations

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Participating organizations included the following:

- Atty Board of Health
- City of Marion
- Corpening Memorial YMCA
- HEAL Catalyst
- McDowell County Ag Extension
- McDowell County Schools
- McDowell County Senior Center
- McDowell Health Coalition
- McDowell Hospital Board Trustee
- McDowell Technical Community College
- Mission Hospital McDowell Board
- Public Health
- RPM Health District
- Superintendent, McDowell Schools
- YMCA of WNC/Mission Hospital McDowell Board Chair

In the online survey, key informants were asked to list characteristics of a healthy community. They were also asked to select the health issues or behaviors that they feel are the most critical to address collaboratively in their own community over the next three years or more. Follow-up questions asked them to describe which contributors to progress and impediments of progress exist for these issues. Results of their ratings, as well as their verbatim comments, are included throughout this report.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Characteristics of a Healthy Community

Key informants characterized a healthy community as containing the following (percentages represent the proportion of respondents identifying each characteristic as one of their top 3 responses):

“In your opinion, what are the most important characteristics of a healthy community?”

Key informants could list up to 3 responses.

Characteristic	Mentioned By (%)
Recreational/Outdoor Activities	42.7%
Access to Healthy Foods/Healthy Eating	36.8%
Access to Mental Health Care	16.4%
Employment	16.1%
Low Alcohol/Drugs Rates	16.1%
Access to Care/Services	15.8%
Awareness/Education	15.8%
Access to Healthy Foods	11.1%
Healthy Citizens	11.1%
Access to Schools/Adequate Education	10.9%
Low Smoking Rates	10.9%
Good Economy	10.6%
Good Health Care	10.5%
Lower Obesity Rates	10.5%
Access to Day Care	5.6%
Caring for the Less Fortunate	5.6%
Commitment to the Community	5.6%
Preventative Health Care	5.6%
Social Connectiveness	5.6%
Transportation	5.6%
Affordable Care/Services	5.3%
Caring/Supportive Community	5.3%
Family Activities	5.3%
Good Leadership	5.3%
Healthy Lifestyles	5.3%
Safe Environment	5.3%

Chronic Disease

Ranking of Chronic Disease Issues as Critical to Address

Key informants in the online survey were given a list of chronic diseases and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of chronic disease conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Obesity/Nutrition/Physical Activity	20
2	Diabetes	18
3	Heart Disease/Stroke	10
4	Chronic Pain	6
5	Cancer	2
6	Chronic Obstructive Pulmonary Disease (COPD)	2
7	Upper Respiratory Diseases (such as Asthma)	2
8	Chronic Kidney Disease	0
9	Arthritis/Osteoporosis	0

Obesity,

Nutrition, and Physical Activity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Recreational/Outdoor Activities

Numerous trails, parks, etc. KBR and Healthy Places programs, HEAL Catalyst. – Other Health Provider (McDowell County)

Expansion of greenways and playgrounds in community. – Community Leader (McDowell County)

Greenways, YMCA, DPP & TCT2, engaging churches, etc. – Community Leader (McDowell County)

The new walking trails and recreational areas. – Community Leader (McDowell County)

More trails and playgrounds are being built in the area. Walking challenges have been held through Mission Hospital to encourage residents to become more active. – Community Leader (McDowell County)

Expansion and availability of walking trails is great. I see the potential to get more people active, by having groups that meet on the walking trails at certain days/times. I think taking into account the individual's exercise level in these groups would be beneficial. The tailgate market is a wonderful option for reasonable cost-effective fresh vegetables and fruits. – Community Leader (McDowell County)

Awareness/Education

Awareness, focus, and expanded opportunities to engage. – Community Leader (McDowell County)

Awareness that obesity/nutrition is a problem. – Community Leader (McDowell County)

Specific Programs/Agencies

We have a healthy eating and active living initiative that is encouraging gardening and being more physically active. – Community Leader (McDowell County)

This is currently a priority issue for the health coalition, and a lot of work is being done to address this. – Other Health Provider (McDowell County)

Trails Association, Health Coalition, YMCA. – Other Health Provider (McDowell County)

School Programs

Emphasis on safe places to be active, programs in the schools, grassroots efforts to increase physical activity. – Public Health Representative (McDowell County)

School and church educational programs. – Other Health Provider (McDowell County)

Collaborative Efforts

McDowell County Health Coalition is running several collaborative efforts to reduce, the YMCA, McDowell trails, plenty of 5K's and active events. – Community Leader (McDowell County)

Physical Activity

Availability of exercise programming option in community. – Community Leader (McDowell County)

Community Focus

More opportunities for physical activity. More education on ways to improve diet and to exercise more. – Community Leader (McDowell County)

Youth Sport Programs

KGR grant helping to provide more areas for children to play. The greenway creation and extension that provides another area for physical activity. – Community Leader (McDowell County)

YMCA

YMCA programs, Greenways, bike and pedestrian plans, Safe Routes to Schools. – Other Health Provider (McDowell County)

YMCA programs. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lifestyle

People have to want to change their lifestyle. Some don't want to make the commitment. – Community Leader (McDowell County)

People's behaviors. It's hard to change habits even when they are knowledgeable and aware of better behaviors. – Community Leader (McDowell County)

Lifestyle choices: lack of exercise and poor diet, and culture. More funding is needed to provide additional trails and recreational opportunities. – Community Leader (McDowell County)

Food insecurity, lack of resources to maintain healthy lifestyle, safe places to be active may not be accessible to those without transportation, some may not have ability to make healthy choices depending on income, lack of transportation, limited mobility, etc., while others may have the ability to make healthier choices but choose not to, fast food restaurants. – Public Health Representative (McDowell County)

Personal choices that lead to increased weight and lack of exercise. – Community Leader (McDowell County)

Fast food lifestyle, personal choices. – Community Leader (McDowell County)

Awareness/Education

Outreach to residents of activity options and transportation to said options. – Other Health Provider (McDowell County)

Buy-in from the citizens of the county. More education is needed. – Other Health Provider (McDowell County)

Need more nutrition education and awareness of eating healthier to lose weight and be more active, need children and families aware of child BMI and what is appropriate, but school system has been reluctant to collect and inform parents on this issue. – Community Leader (McDowell County)

Denial

A lack of motivation plays a big role in this. If someone does not want to get up and exercise, then it's not going to happen, no matter how many trails, playgrounds, etc., are built. Gym memberships are also not affordable for many people. – Community Leader (McDowell County)

The desire to make a change in their life. – Community Leader (McDowell County)

Access to Healthy Food

Access to vegetables, fruits, education programs, and a lack of transportation to get to resources. – Other Health Provider (McDowell County)

Healthy eating is at times more costly than unhealthy foods. Some residents of McDowell County may not be able to afford healthy options at the super market. – Community Leader (McDowell County)

Funding

Funding. – Community Leader (McDowell County)

Funding. – Community Leader (McDowell County)

Lack of Prevention for Youth

Need more emphasis on healthy lifestyles in school curriculum in all grades. Need a Healthful Living Coordinator in each school to offer classes and programs to students and staff. – Other Health Provider (McDowell County)

Access to Care/Services

Access to participate. – Community Leader (McDowell County)

Proximity to resources and personal lifestyle choices. – Community Leader (McDowell County)

Transportation

Transportation. – Community Leader (McDowell County)

Diabetes

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education, opportunities for prevention or control through the YMCA. – Community Leader (McDowell County)

Diabetes prevention programs, increased education, and awareness campaigns. – Other Health Provider (McDowell County)

Educational opportunities and preventive practices. – Community Leader (McDowell County)

Awareness. – Community Leader (McDowell County)

YMCA Diabetes Program

The YMCA has a great program to help educate residents who have been identified as "pre-diabetic". They learn about the right foods and portion sizes, along with physical activities, that will keep them from being diabetic. – Community Leader (McDowell County)

The YMCA diabetes program and more publicity and information regarding diabetes and its devastating effects. – Community Leader (McDowell County)

Diabetes programming at the local YMCA, hospital, and other programs in the community. – Community Leader (McDowell County)

County)

YMCA's diabetes intervention programs; Mission Hospital diabetes management. – Community Leader (McDowell County)

YMCA programs. – Other Health Provider (McDowell County)

The YMCA diabetes programs. – Community Leader (McDowell County)

Educational programs like the YMCA's DPP program. – Other Health Provider (McDowell County)

The diabetes program at the YMCA. – Community Leader (McDowell County)

YMCA diabetes program. – Community Leader (McDowell County)

The YMCA diabetes programs. – Community Leader (McDowell County)

Programs such as MATCH, the YMCA pre-diabetes program, increased education around healthy lifestyle changes. – Public Health Representative (McDowell County)

YMCA programs. – Other Health Provider (McDowell County)

Specific Agencies/Programs

Hospital, health department, and YMCA. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

Food insecurity, lack of resources to purchase, prepare, and maintain healthy food lifestyles. Resources include income, appliances, electricity, time, education, etc. – Public Health Representative (McDowell County)

Everyone needs food to survive. We cannot stop eating (using food), as with other substances, so it is hard to change eating habits. Also, most of the restaurants in McDowell County still cook good "Southern" food, which is generally fried, and we have sweet tea. – Community Leader (McDowell County)

Lifestyle

Resistance to radical acceptance of healthy lifestyle changes. Increasing numbers of restaurants that do not offer healthy menus. Lack of education. SNAP allows recipients to choose foods that are not healthy. – Other Health Provider (McDowell County)

People's habits; it's difficult to change behaviors. – Community Leader (McDowell County)

Personal lifestyle choices. – Community Leader (McDowell County)

Lifestyle choices - Lack of exercise and poor diet, as well as culture. – Community Leader (McDowell County)

Awareness/Education

Individuals' lack of knowledge about improving personal health. – Community Leader (McDowell County)

Lack of knowledge and resources. – Community Leader (McDowell County)

Funding

Funding. – Community Leader (McDowell County)

Access to Care/Services

Accessibility to the program, possibly. If the program were offered through worksites, it might be beneficial to specific employers. It would create a support network among coworkers and a sense of accountability. – Community Leader (McDowell County)

Access to free programs and transportation issues. – Other Health Provider (McDowell County)

Prevention/Diagnosis

Outreach to residents of prevention and treatment programs, limited transportation to said services, nutrition awareness and food insecurity. – Other Health Provider (McDowell County)

Disease Management

Provider engagement. – Community Leader (McDowell County)

Transportation

Transportation of participants to established programs. – Community Leader (McDowell County)
Lack of transportation, lack of awareness of pre-diabetes risk. – Community Leader (McDowell County)

Support

Encouragement by family members. – Community Leader (McDowell County)

Heart Disease and Stroke

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Offering education on what contributes to these conditions and making people aware of the preventive services offered to help detect these conditions earlier. – Community Leader (McDowell County)
More education on ways to prevent heart disease and stroke. – Community Leader (McDowell County)
Awareness. – Community Leader (McDowell County)
Education. – Public Health Representative (McDowell County)

Specific Agencies/Programs

MATCH, serving the uninsured with a primary care home, getting people in for risk assessments and annual wellness visits. – Community Leader (McDowell County)
YMCA, health department, Mission. – Community Leader (McDowell County)

Recreational/Outdoor Activities

Available free or low-cost exercise programs to individuals. – Community Leader (McDowell County)
More trails and playgrounds have been built in Marion to allow for more physical exercise. – Community Leader (McDowell County)

Access to Health Care

Patients with primary care physicians are healthier. – Physician (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lifestyle

Personal activity. – Community Leader (McDowell County)
Lifestyle choices. Lack of exercise and poor diet, and culture. – Community Leader (McDowell County)

Access to Care/Services

Food insecurity, lack of education on behalf of patients, lack of resources to maintain healthy lifestyles. – Public Health Representative (McDowell County)

Affordable Care/Services

Gyms still cost money to join, and many of the jobs in McDowell County do not pay a "living wage," so many cannot afford a gym membership. There are not enough trails, sidewalks, etc., for people to walk on to get their exercise. Also, a lack of motivation plays into this. – Community Leader (McDowell County)

Tobacco Use

Smoking, obesity. – Physician (McDowell County)

Personal choices such as smoking, diet and lack of exercise. – Community Leader (McDowell County)

Transportation

Lack of transportation, lack of healthy food, and inactivity. – Community Leader (McDowell County)

Lack of transportation to classes, poor eating habits and lack of access to fresh foods and vegetables, due to lack of transportation or affordability. – Community Leader (McDowell County)

Insurance Issues

Insurance reimbursement for services. – Community Leader (McDowell County)

Chronic Pain

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Prescribing Practices/Policies

People's reliance on painkillers--opportunity for addiction. Finding alternative solutions. – Community Leader (McDowell County)

Collaborative Efforts

Collaborative groups of professionals who come together to discuss chronic pain management. – Public Health Representative (McDowell County)

Collaborations between medical community, DSS, peer support programs, nonprofits. – Other Health Provider (McDowell County)

Community Involvement and Interest

There is an active substance use workgroup in the community that has the capability of prioritizing this issue. It is not currently a priority but is something that has been discussed briefly. – Other Health Provider (McDowell County)

Engaging community in more active living. – Community Leader (McDowell County)

Specific Agencies/Programs

More walking trails and general recreation areas are being built for people to use to help manage pains. – Community Leader (McDowell County)

Health coalition and community forums, churches. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Lack of Alternative Treatment Options

Two main things are getting in the way. One is a lack of conversation around alternatives to narcotics for treating chronic pain. We need to do a better job of educating providers and the community about ways to treat chronic pain that work better and are safer than narcotics. We also need to have a stronger connection between healthcare providers and the SU Workgroup. The two groups are not communicating, but if they were, I think we would have a chance of making a larger change. Some counties are already having ongoing conversations and training between providers, stakeholders and community organizations around chronic pain management. This needs to happen in McDowell County, as well. – Other Health Provider (McDowell County)

The alternative solutions for people in chronic pain. – Community Leader (McDowell County)

Lack of Collaboration

No one EMR system/ability for providers to easily share health information amongst practices, care providers (Mission v. Grace), and disciplines/specialties. – Public Health Representative (McDowell County)

Access to Care/Services

Lack of transportation to get to walking trails, overuse of pain medications. – Community Leader (McDowell County)

Denial/Stigma

People not willing to change, money, lack of vision. – Other Health Provider (McDowell County)

Opioid abuse stigma, not enough resources for alternative pain treatment therapies. – Other Health Provider (McDowell County)

Disease Management

Obesity and the lack of willingness to exercise. – Community Leader (McDowell County)

Cancer

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Education. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Transportation to resources. – Other Health Provider (McDowell County)

Chronic Obstructive Pulmonary Disease (COPD)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Decrease in Tobacco Use

Tobacco use has been a priority in the past, and a couple of years ago McDowell Tech became a smoke-free campus because of the health coalition's work. – Other Health Provider (McDowell County)

Tobacco-free campus at the local community college. – Other Health Provider (McDowell County)

Smoking cessation programs. – Physician (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Tobacco Use/Vaping

Societal norms that favor tobacco use, in general. One thing that is unfortunately occurring in McDowell County is that the public does not understand how dangerous e-cigarettes are and in fact think they are a safer alternative to cigarettes. Youth use of e-cigarettes is a large problem in the county, and until we change norms around this issue, we will see very little positive change. – Other Health Provider (McDowell County)

Access to Care/Services

Not enough primary care. – Physician (McDowell County)

Environmental Contributors

Poor air quality, due to climate change and environmental pollutants. Vape shops, tobacco use, lack of sufficient tobacco education among youth, poor role models that use tobacco including teachers, coaches, and ministers, etc. – Other Health Provider (McDowell County)

Upper Respiratory Diseases (Such as Asthma)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

An asthma coalition was started that was working on education and outreach, but the program ran out of money. Having smoke-free restaurants, school campuses, and other areas is helpful. More such areas would be nice, too. – Community Leader (McDowell County)

Nothing/No Progress

Not aware of anything. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Tobacco Use/Vaping

Tobacco. – Community Leader (McDowell County)

Access to Care/Services

Lack of resources, education, and people committed to making changes. – Community Leader (McDowell County)

Chronic Kidney Disease

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this

issue in your community?”

No comments

Arthritis/Osteoporosis

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Mental Health and Substance Use

Ranking of Mental Health Conditions as Critical to Address

Key informants in the online survey were given a list of mental health conditions and known factors that contribute to them, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of mental health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Substance Use	19
2	General Mental Health	16
3	Depression/Anxiety/Stress	14
4	Dementia/Alzheimer's Disease	5
5	Suicide	2

Substance Use

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Awareness that it is a problem, good support system with many players including law enforcement. – Community Leader (McDowell County)

Heightened awareness of substance use/abuse and related deaths. More people talking about it. Health coalition group working on related goals. – Community Leader (McDowell County)

Partnerships between Freedom Life, law enforcement, schools and others to provide education, pill drops, the recovery rally, and other community events are beneficial in the realm of substance abuse. – Community Leader (McDowell County)

Drug education and mental health services. – Community Leader (McDowell County)

The education of the problem. – Public Health Representative (McDowell County)

Awareness and focus. – Community Leader (McDowell County)

Collaborative Efforts

McDowell Health Coalition's Substance Abuse Committee work and groups coming together to sponsor the Recovery Rally. – Other Health Provider (McDowell County)

Collaboration and communication. – Community Leader (McDowell County)

Collaboration of multiple stakeholders. – Other Health Provider (McDowell County)

Specific Agencies/Programs

The adult subcommittee is working on reducing stigma and promoting recovery. The youth subcommittee is addressing youth prevention. A grant has been submitted to hire a couple of peer support people to help with this. They would be stationed at DSS and elsewhere in the community to work with people with this issue who won't go to a treatment provider. – Other Health Provider (McDowell County)

We are holding the second Recovery Rally in Marion (in May) to say that recovery can occur for those who suffer from substance abuse. Many agencies are coming together to support this effort and to let those with substance abuse know that someone cares. Grants are being written to acquire funding for mentor programs to help those with substance abuse. – Community Leader (McDowell County)

Recovery Rally; grassroots efforts to bring awareness to issue and reduce stigma; Care providers such as VAYA, RHA, etc., who work collaboratively to provide services; Peer support specialists. – Public Health Representative (McDowell County)

Recovery rally, Freedom Life Ministries, McDowell Health Coalition subcommittees on both youth and adult substance abuse, very collaborative law enforcement agencies. – Community Leader (McDowell County)

Project recovery, Health Coalition. – Other Health Provider (McDowell County)

Effective Law Enforcement

Access to certain over-the-counter medications used to manufacture illegal drugs has become more difficult in recent years. A concerted effort is underway to address the problem, involving local law enforcement, health care providers, etc. Tightening of restrictions on physicians prescribing pain medications that are shown to be highly addictive. – Community Leader (McDowell County)

I see that law enforcement has made a concerted effort to find the large drug dealers who distribute the illegal drugs, but I don't know about anything locally to address prescription drugs. However, the efforts by the national attention is helping with the medical providers. – Community Leader (McDowell County)

Sheriff's department. – Community Leader (McDowell County)

Opioid Awareness

Opioid restrictions. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

The scope of the problem is enormous, and it is very difficult for local resources to make more than a dent in the problem. Far too many pain medications are being prescribed and abused. More State funding and attention to this issue is needed. – Community Leader (McDowell County)

Places to treat. – Public Health Representative (McDowell County)

Treatment opportunities. – Community Leader (McDowell County)

Funding

Funding is an issue. The workgroup does a lot, but is all volunteer and has no money to fund forums/summits, training, youth education curricula, etc. It would be great to have one person in the county who could focus on substance use and prevention. – Other Health Provider (McDowell County)

Funding. – Community Leader (McDowell County)

Availability of Substances

It's easy to find the local distributors but hard to find the important people behind the illegal drug trade. A lot of "good" people do not want to acknowledge their drug issue. – Community Leader (McDowell County)

Drugs are too easily accessible. There are very few social networking and/or entertainment places in McDowell County so there is "nothing to do" for fun (I have heard this comment many times). So, many people have turned to drugs. – Community Leader (McDowell County)

Substances are readily available. – Community Leader (McDowell County)

Drugs continue to be accessible in the county. – Community Leader (McDowell County)

Availability of illicit drugs. – Community Leader (McDowell County)

Denial/Stigma

Stigma; opioid crisis; Isolation of individuals in rural communities; Lack of education/ resources made available to individuals dealing with substance use. – Public Health Representative (McDowell County)

Awareness/Education

Outreach to residents and availability of local treatment options. – Other Health Provider (McDowell County)

Affordable Care/Services

Not seeing addiction as a treatable disease, lack of affordable treatment options that are easily accessible. – Community Leader (McDowell County)

Prescriber Policies

Oversubscribing of drugs, availability of drugs. – Other Health Provider (McDowell County)

Depression/Stress

Depression, anxiety, etc. – Community Leader (McDowell County)

Lack of Collaboration

Cooperation from outside mental health providers, poverty, and substandard housing. – Community Leader (McDowell County)

Transportation

Transportation issues; enough treatment/counseling options. – Other Health Provider (McDowell County)

General Mental Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

More local and national attention to mental issues that all communities face today. – Community Leader (McDowell County)
Awareness and identification. – Community Leader (McDowell County)

Specific Agencies/Programs

VAYA and RHA, among others make mental health services accessible. – Community Leader (McDowell County)
The hospital system has had to use internal licensed clinicians, tele-pysch, etc., to provide services to mental health patients. – Community Leader (McDowell County)
Steps have been made to serve clients with mental illness outside the emergency room. Many times, the emergency room became the “holding” place for these clients, and now they are being referred to professionals who can get them immediate help. – Community Leader (McDowell County)
Hospital emergency room. – Community Leader (McDowell County)

Collaborative Efforts

We have community groups that come together to address mental health issues. – Community Leader (McDowell County)

Nothing/No Progress

Not much. – Community Leader (McDowell County)
N/A. – Community Leader (McDowell County)

Community Focus

Mental health is a national issue. Gotten much press as of late. – Community Leader (McDowell County)
Community forums, community-led work, health equity focus. – Other Health Provider (McDowell County)

Access to Care/Services

Additional options for mental health services beyond the usual local mental entity. – Community Leader (McDowell County)

Denial/Stigma

Grassroots efforts to reduce stigma around mental health; CareNet Counseling Center. – Public Health Representative (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of resources, people addressing the issue. – Community Leader (McDowell County)

Places to treat mental health issues. – Public Health Representative (McDowell County)

Funding

Lack of funding and providers, lack of understanding about what resources are available, waiting lists to be seen, no insurance coverage. – Community Leader (McDowell County)

Funding. – Community Leader (McDowell County)

Denial/Stigma

Many residents who have mental illness in the area do not get the help that they need. Many times, it is a relative who has to force them to get help. We need more caregivers for mental health cases. – Community Leader (McDowell County)

Long standing habits of residents, resistance to change, lack of value for education and creative expression, racism, poor economy. – Other Health Provider (McDowell County)

Stigma of mental health, lack of access to treatment/counseling, affordability, and self-medication (illegal substances). – Community Leader (McDowell County)

Lack of Providers

Very limited mental health providers and resources, especially for those in need of general mental health services and not dealing with mental health needs related to substance use; stigma around mental health issues; Expensive co-pays even with insurance; lack of health insurance. – Public Health Representative (McDowell County)

The mental health provider for this area seems to change every couple of years. Access to mental health services appears to be getting worse rather than better. More education on available services is needed. – Community Leader (McDowell County)

Awareness/Education

I'm not sure residents are aware of the available services in the county. – Community Leader (McDowell County)

Lack of Collaboration

Lack of cooperation of outside mental health providers. – Community Leader (McDowell County)

Too many organizations doing the same thing, not enough collaboration. – Community Leader (McDowell County)

Policies

Public policy. – Community Leader (McDowell County)

Lack Vision/Strategic Planning

There is no formal local agenda that promotes it or tracks any progress. It may be talked about by certain organizations, but there is no focus on it. – Community Leader (McDowell County)

Transportation

Transportation, mental health stigma, and high levels of substance abuse. – Community Leader (McDowell County)

Depression, Anxiety, and Stress

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

Heightened awareness of substance abuse which could be stemming from these and other mental health issues. The availability of a therapist in a medical office. – Community Leader (McDowell County)

More education on effects of depression, anxiety and stress on physical health and a person's overall well-being. – Community Leader (McDowell County)

Awareness. – Community Leader (McDowell County)

Nothing/No Progress

I'm not aware of any local agenda by anyone in the community to track progress. – Community Leader (McDowell County)

I'm not aware of specific initiatives, other than availability of services through mental health providers. – Community Leader (McDowell County)

Not sure if anything is being done to address this issue. – Community Leader (McDowell County)

Not aware of anything. – Community Leader (McDowell County)

Specific Agencies/Programs

RHA programs, Community Care Paramedic Program, counselors in schools. – Other Health Provider (McDowell County)

Decreasing Denial/Stigma

Grassroots efforts to reduce stigma around mental health; CareNet counseling center. – Public Health Representative (McDowell County)

Decreased stigma. – Other Health Provider (McDowell County)

Support for Patients/Caregivers

Efforts to reduce isolation of seniors. – Other Health Provider (McDowell County)

Access to Care/Services

Behavioral health is available in the community for adults, as to a lesser degree for youth. – Other Health Provider (McDowell County)

Lifestyle

Increased physical activity and assistance from the faith community. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Lack of resources to address. – Community Leader (McDowell County)

Denial/Stigma

Some people still feel there is a stigma attached to admitting they need help or to getting help/therapy. – Community Leader (McDowell County)

Stigma of any mental issues. – Other Health Provider (McDowell County)

Awareness/Education

Lack of awareness on stress-related issues or how to combat the issue without taking anti-depressants. – Community Leader (McDowell County)

Outreach to residents about therapies and treatment, as well as lack of treatment/therapy options. – Other Health Provider (McDowell County)

Lack of Providers

The mental health provider for this area seems to change every couple of years. Access to mental health services appears to be getting worse rather than better. More education on available services is needed. – Community Leader (McDowell County)

Very limited mental health providers and resources, especially for those in need of general mental health services and not dealing with mental health needs related to substance use; Stigma around mental health issues; Expensive co-pays even with insurance; lack of health insurance; Depression and anxiety are isolating diseases and can increase difficulty of finding help in rural places with limited resources. – Public Health Representative (McDowell County)

Not enough counselors in schools, insufficient focus on teaching life skills and developmental assets to children, youth, parents and those adult leaders working with the next generation. – Other Health Provider (McDowell County)

We need more behavioral health providers for youth. We also need to reduce the stigma associated with behavioral health issues. – Other Health Provider (McDowell County)

Social Determinants of Health

Transportation to programs--need to expand programs to all of county. – Other Health Provider (McDowell County)

Funding

Funding. – Community Leader (McDowell County)

Dementia and Alzheimer's Disease

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Nothing/No Progress

None at this time. – Community Leader (McDowell County)

Specific Agencies/Programs

Senior center memory care program. – Other Health Provider (McDowell County)

Support Systems for Patients/Caregivers

Local options for caregivers and education opportunities. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: "What is getting in the way of progress on this issue in your community?"

Family/Caregiver Support

No adult daycare, not enough support groups for caregivers. – Community Leader (McDowell County)

Awareness/Education

Outreach and transportation for programs. – Other Health Provider (McDowell County)

Community Focus

Need to bring churches into the discussion; need adult day care option and transportation. – Other Health Provider (McDowell County)

No interested parties working to help start an adult day program in community. – Community Leader (McDowell County)

Suicide

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Avaya Health suicide prevention programs, dedicated mental health staff, devoted helping professional. – Other Health Provider (McDowell County)

Nothing/No Progress

I am not sure what is happening, but behavioral health providers can address this issue. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

We need more education on suicide prevention. – Other Health Provider (McDowell County)

Denial/Stigma

The stigma attached to getting mental health services, lack of knowledge about recognizing warning signs and what to do if you know or suspect someone is considering suicide. – Community Leader (McDowell County)

Access to Care/Services

Not enough suicide prevention programs, dedicated mental health staff, devoted helping professionals. Need to remove stigma, need to introduce healthy grieving and healthy attitudes toward death and loss. – Other Health Provider (McDowell County)

Social Determinants of Health

Ranking of Social Determinants of Health as Critical to Address

Key informants in the online survey were given a list of conditions in which people are born, grow, live, work, and age, as well as known factors that contribute to a person's health. They were then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of social determinants of health identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address	Access to Health Care Services
1	Access to Health Care	12	
2	Housing	12	
3	Food Insecurity	12	
4	Transportation	9	
5	Employment Opportunities	8	
6	Adverse Childhood Experiences (ACEs)	6	
7	Early Childhood Education	5	
8	Interpersonal Violence (IPV)	1	

Contributors to Progress

Those identifying this as a critical issue were asked: "What is contributing to progress on this issue in your community?"

Many Resources

New hospital and excellent healthcare system. – Community Leader (McDowell County)

Specific Agencies/Programs

The MATCH program and charity care through the McDowell Hospital are helping by providing health care as well as assistance applying for the ACA coverage. – Community Leader (McDowell County)

Programs such as MATCH. – Community Leader (McDowell County)

MATCH program has filled a void and is a huge connector. – Other Health Provider (McDowell County)

The MATCH program is wonderful! Many residents who have no health care can now get it through this grant. – Community Leader (McDowell County)

Access to Care/Services

Work by the EMS to reduce misuse of their services and to check in on identified individuals. Active discussions in different community groups about the need for public transportation in McDowell Co. – Community Leader (McDowell County)

People are making an effort to increase health care access. – Community Leader (McDowell County)

Healthcare is available through Mission and other providers. – Other Health Provider (McDowell County)

Transportation

New transportation system coming to McDowell; MATCH. – Public Health Representative (McDowell County)

Finally have a public transit system which can provide transportation to people who do not have Medicaid. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Insurance/Medicaid Issues

Lack of affordable health insurance and lack of reliable transportation. – Community Leader (McDowell County)

Many residents are working at part-time jobs where they do not receive medical benefits. – Community Leader (McDowell County)

Lack of insurance and Congress. – Community Leader (McDowell County)

Funding

Funds, resources, transportation. – Community Leader (McDowell County)

Transportation

Transportation is still limited and access to affordable health care coverage is still an issue. – Community Leader (McDowell County)

Transportation and cost of health care. – Community Leader (McDowell County)

Transportation to care providers. – Other Health Provider (McDowell County)

Awareness/Education

Community awareness is a potential problem. I'm not sure residents are aware of the opportunities with MATCH and Charity Care. – Community Leader (McDowell County)

Access for Uninsured/Underinsured

There are a lot of people who have no insurance or cannot afford co-pays for their insurance to go to doctors. Unfortunately, these tend to be high utilizers at ED's. – Other Health Provider (McDowell County)

Housing

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Nothing/No Progress

Nothing. – Community Leader (McDowell County)

Specific Agencies/Programs

Marion CDC, Columbia Carolina volunteer team, various faith communities that volunteer time and resources to make repairs; Increased awareness of need for adequate and affordable housing; Minimum housing standards in city limits. – Public Health Representative (McDowell County)

The City of Marion just passed a minimum housing ordinance that will allow residents (mostly rental tenants) to get results when they complain about substandard housing. In addition, if someone in the City complains about an abandoned house being used for illegal purposes, the City tries to take care of closing up the house or tearing it down if it is beyond repair. – Community Leader (McDowell County)

Minimum Housing ordinance for City of Marion. – Other Health Provider (McDowell County)

Housing coalition has started. – Community Leader (McDowell County)

Newly formed housing coalition. – Community Leader (McDowell County)

Recognition Of The Problem

The lack of housing locally is starting to be recognized by developers, who are now talking about and considering multi-family housing projects. The City of Marion has formed the Marion Community Development Corporation to focus on housing issues and is working with potential developers. The City has also focused on improving housing conditions with the recent adoption of a Minimum Housing Ordinance. – Community Leader (McDowell County)

Awareness/Education

More and more people are becoming aware of the shortage of housing or lack of inventory of housing. With more baby boomers retiring, a lot of them are looking at downsizing and they are finding very little to choose from in this area. – Community Leader (McDowell County)

Affordable/Low Income Housing

Availability of quality low income rental housing in community. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Housing

Not enough affordable housing in the community. – Community Leader (McDowell County)

Builders and developers still seem unwilling to pursue single family housing developments, particularly involving starter to mid-range houses. Finding available land is also difficult. – Community Leader (McDowell County)

The 2009-2010 recession put a lot of local builders out of business. In the past, we had several builders who would build spec houses and some multi-family housing. Now, they are concerned about another down turn in the economy and do not want to take chances. They are at risk with no net under them. – Community Leader (McDowell County)

The county has not adopted the same minimum housing ordinance as the city. There is a huge lack of affordable housing in McDowell County. – Community Leader (McDowell County)

Lack of affordable housing in McDowell County; Lack of safe, affordable rental properties; Lack of living wage jobs. – Public Health Representative (McDowell County)

Lack of minimum housing ordinance county-wide and landlords that rent sub-standard housing. – Other Health Provider (McDowell County)

Availability of non-income based rental housing. – Community Leader (McDowell County)

Substantial lack of adequate housing for low income housing forcing rental of slum housing. – Community Leader (McDowell County)

Funding

Funding. – Community Leader (McDowell County)

Government/Policies

Need county and city government support, need ability to build additional housing units, especially for low-income, middle-income and seniors, need resources and staff support. – Community Leader (McDowell County)

Food Insecurity

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Local Food and Health Hub Project getting started soon. – Other Health Provider (McDowell County)

Lunch Bunch, schools, Manna Foodbank, churches, etc. Do a great job offering and providing food to those in need. I have also seen several community garden projects that will offer healthy foods to community members. – Community Leader (McDowell County)

Food Banks/Pantry

Community Food and Health Hub, Local Food Access and Awareness Pod, Tailgate market, community gardens, school gardening programs, local produce in local institutions, awareness. – Other Health Provider (McDowell County)

Food HUB and YMCA Food truck is working to establish a network for food pantries to better serve community needs, established tailgate market. – Community Leader (McDowell County)

There is currently work happening to organize a central hub for food pantries. There is also a truck that delivers free fresh produce to the area a couple of days a month. – Other Health Provider (McDowell County)

Good network of food banks in community and the YMCA produce mobile market. – Community Leader (McDowell County)

Food distribution programs including the healthy options provided by the YMCA Mobile Food Pantry. – Community Leader (McDowell County)

Collaborative Efforts

Much collaborative work has gone to increase food security. – Community Leader (McDowell County)

New collaborative efforts amongst emergency food providers; Community garden efforts; McDowell County Food & Health Hub Project. – Public Health Representative (McDowell County)

Access to Healthy Food

The tailgate market is a great place to get fresh food. Additional sites are being considered for expansion. Also, there is a plan for a Food Hub that will allow farmers to bring their produce to the residents of McDowell. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Healthy Food

SNAP recipients can buy poorly nutritious foods and do. School cafeteria menus could be better, adult leaders could model better eating habits, Waffle House and other such restaurants do not offer healthy foods. – Other Health Provider (McDowell County)

Lack of locally grown food that is reasonably priced at a location convenient to citizens. – Other Health Provider (McDowell County)

Food security as a whole. Relying on outside sources for our food. Money. – Community Leader (McDowell County)

Lack of certified food providers, lack of farmers, need staff to run nutrition programs and resources to pay them. – Community Leader (McDowell County)

The growing number of persons needing food resources. – Community Leader (McDowell County)

Transportation

Transportation and lack of nutrition education to community as a whole. – Other Health Provider (McDowell County)

Food insecurity is a complicated issue with many impacting factors that will require systems wide change and improvements to truly address (housing, living wage jobs, transportation, education around healthy eating, opportunities to choose healthier foods, etc.). – Public Health Representative (McDowell County)

Transportation and lack of nutritional education. – Community Leader (McDowell County)

Transportation

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

I know the county has established some public transportation, but it is limited. Also, a taxi service has popped up, but it is not well known in the community. – Community Leader (McDowell County)

New county-wide transportation system in the works; grant-funded transportation projects through the Community Engagement Project (West Marion Community Forum). – Public Health Representative (McDowell County)

New transit system will be up and running in July this will allow people that do not have Medicaid to access transportation. – Community Leader (McDowell County)

Transportation Department starting this summer, and local grants for West Marion, Marion East for transportation. – Other Health Provider (McDowell County)

County seeing the need and establishment of transportation board. – Other Health Provider (McDowell County)

McDowell County has recently formed a County Transportation Department that is adding routes throughout the County. – Community Leader (McDowell County)

Transportation to and from outskirts of McDowell County is a challenge for some McDowell County residents. As I understand it there are plans underway, to offer transportation services. – Community Leader (McDowell County)

Access to Transportation

The county is finally addressing a transportation plan. – Community Leader (McDowell County)

Collaborative Efforts

County is finally (way too late) working with the state to set up local transportation system. – Other Health Provider (McDowell County)

Communication

Growing talks among various community groups about the need for public transportation. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

It doesn't appear to be profitable for the private sector to get involved. – Community Leader (McDowell County)

Lack of money, lack of a vision for the community and the need for someone/group to take the lead. – Community Leader (McDowell County)

More funding for such a transportation system is needed. – Community Leader (McDowell County)

Access to Transportation

Transportation is still not accessible countywide. – Community Leader (McDowell County)

Lack of public transportation options. – Community Leader (McDowell County)

The county is so far behind all the other counties in North Carolina. – Community Leader (McDowell County)

Affordable Care/Services

The fear of the county and the city for raising taxes to pay for much needed services--that mindset needs to change. Small, consistent increases for increased services would be understood and accepted, especially for User Fees. – Other Health Provider (McDowell County)

Awareness/Education

Lack of awareness of transportation options. – Other Health Provider (McDowell County)

Government/Policies

Progressive leadership, low tax base. – Other Health Provider (McDowell County)

Employment Opportunities

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Economic Development

Employers in McDowell County are hiring, with hundreds of jobs available as of 2018. Efforts are underway to create a McDowell County Workforce Strategic Plan to develop ways to get more people in the workforce. McDowell County Schools, McDowell Technical Community College, private industry and others are working to let students and adults know of the available jobs and careers in manufacturing and other sectors locally. – Community Leader (McDowell County)

County focus on attracting and promoting new employment opportunities. New training programs at colleges and in high school. – Other Health Provider (McDowell County)

Growing economy. – Community Leader (McDowell County)

Specific Agencies/Programs

Workforce Wellness program; collaborations between employers and NC Works, McDowell Tech, etc. – Public Health Representative (McDowell County)

The McDowell Economic Development Association (MEDA) was instrumental in forming an at large committee to address the issue of people in the community who were not part of the County workforce. They hired a director to help them focus on jobs that could be filled with retired people, people older than 18 but are in school, stay at home mothers, etc. They are trying to address the issue and I feel positive things will come from it. – Community Leader (McDowell County)

Job Training

MEC and Foothills educational options; Camp opportunity; more employment options. – Other Health Provider (McDowell County)

Low Unemployment

Jobs are available in this community. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Low Wages

Many open jobs - Not enough individuals to fill them (may be b/c of inadequate housing, disability, age, etc.); Living wage jobs are needed to maintain quality of life for working families; Limited housing available in McDowell County that is safe and affordable for working families. – Public Health Representative (McDowell County)

Employment

Workforce. – Community Leader (McDowell County)

Awareness/Education

Culture is slow to adopt new ways, not a strong value for education, systemic poverty, lack of motivation. – Other Health Provider (McDowell County)

Unwillingness to Work

We have 3rd generations of families on public assistance and it's hard to break that cycle. – Community Leader (McDowell County)

Alcohol/Drug Abuse

Many people who could fill the available jobs and be part of the workforce have substance abuse issues. Others do not have the needed skills or training to fill available jobs. – Community Leader (McDowell County)

Transportation

Transportation to schooling; affordability of post-secondary education. – Other Health Provider (McDowell County)

Other Comments

Matching skills with opportunities, transportation, childcare. – Community Leader (McDowell County)

Adverse Childhood Experiences (ACEs)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

People who work with children and youth know about ACEs. – Other Health Provider (McDowell County)

Education for educators in the school system. – Community Leader (McDowell County)

Awareness. – Community Leader (McDowell County)

Specific Agencies/Programs

Community level work in minority communities. Healthful Living programs in schools, Head Start, Partnership for children. – Other Health Provider (McDowell County)

Collaborative Efforts

Collaboration. – Community Leader (McDowell County)

School Resources

School counselors and social workers. – Public Health Representative (McDowell County)

Progress in schools, DSS. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Most people have no ideas what ACEs are and how important addressing them are for the community. We need more conversations and education around this topic. Early intervention with children with high ACEs scores could prevent behavioral health and educational issues later. – Other Health Provider (McDowell County)

Awareness. – Community Leader (McDowell County)

Access to Care/Services

School staff are stretched thin; lack of resources to adequately address issue. – Public Health Representative (McDowell County)

Low pay for child care workers, not enough resources devoted to the young child. – Other Health Provider (McDowell County)

Not Addressing Trauma Issues

People not reporting when this is happening. – Other Health Provider (McDowell County)

Early Childhood Education

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

More churches offering early childhood programs, strong desire for additional services. – Community Leader (McDowell County)

Early Childhood Programs. – Other Health Provider (McDowell County)

Awareness/Education

Education system. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Funding

Funding. – Community Leader (McDowell County)

Awareness/Education

Curriculum of daycare centers, low appreciation of education. – Other Health Provider (McDowell County)

Government/Policies

State regulations are too strict and make establishing early childhood centers and offering scholarships very difficult, also don't have resources to pay staff adequately for experience required. – Community Leader (McDowell County)

Interpersonal Violence (IPV)

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

No comments

Other Issues

Ranking of Other Issues as Critical to Address

Key informants in the online survey were given a list of other health conditions not previously addressed in the survey, then asked to select up to three health issues or behaviors that are the most critical to address collaboratively in their community over the next three years or more.

The following chart outlines the rank order of other health conditions identified by key informants as critical to address.

Rank	Health Issue	Identified as Critical to Address
1	Dental Care/Oral Health	15
2	Infant and Child Health	12
3	Immunizations and Infectious Diseases	8
4	Injury and Violence	7
5	Family Planning	6
6	Sexually Transmitted Infections	4
7	Hearing/Vision Conditions	2
8	HIV/AIDS	1

**Dental
Care
and Oral
Health**

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

Health department. – Community Leader (McDowell County)

The MATCH program connecting persons with dental care clinics and McDowell DSS transporting persons to appointments. – Community Leader (McDowell County)

Dental Bus

Dental Bus. – Other Health Provider (McDowell County)

Mobile dental clinics are made available at many, if not all, local schools. – Community Leader (McDowell County)

Mobile Tooth Bus; efforts in elementary schools. – Public Health Representative (McDowell County)

The availability of the Collins Dental Van for schools and others in the community who do not have a dentist and who have little or no dental insurance. – Community Leader (McDowell County)

Dental clinics, tooth bus, MATCH. – Community Leader (McDowell County)

I'm not sure that there is any initiative for dental health other than the Collins Dental Bus. The bus is primarily for children. I believe there is a big gap in care for adults and children. – Community Leader (McDowell County)

The Dental bus makes visits periodically to help residents who need dental care and cannot afford it. – Community Leader (McDowell County)

Tooth Bus in schools. – Other Health Provider (McDowell County)

Access to Care/Services

I think the dental community is trying to get more involved with the children in the community and give them access to dental care. – Community Leader (McDowell County)

Awareness/Education

Awareness that it is important. – Community Leader (McDowell County)

Access to Care/Services for Medicaid/Medicare Patients

Dentists are now taking Medicaid patients. – Other Health Provider (McDowell County)

Access to Care/Services for Uninsured/Underinsured

Match program through the Health Coalition is assisting the uninsured with dental services. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

High cost of dental insurance. – Other Health Provider (McDowell County)

Lack of affordable dental care, even for those with insurance. – Other Health Provider (McDowell County)

Lack of affordable services such as dentures for people in need. – Community Leader (McDowell County)

Access to Care/Services

Not enough people are being served by the dental bus. They either make too much money and/or they do not know about the program. Those who make too much money usually cannot afford dental insurance. – Community Leader (McDowell County)

Competing health systems trying to offer services, few local dentists willing to donate services. – Community Leader (McDowell County)

Insurance Issues

There is a lack of dental providers that accept Medicaid, and we need community health center that would provide ongoing services to the uninsured (see Caldwell county). – Community Leader (McDowell County)

Dental coverage is not easily accessible, it is not provided as standard coverage on most insurance plans. – Community Leader (McDowell County)

Lack of insurance; Affordability; Sustainability of existing programs. – Public Health Representative (McDowell County)

Funding

Funding. – Community Leader (McDowell County)

No money to address issue. – Community Leader (McDowell County)

Lack of Providers

McDowell County lacks an adequate number of dentists and a large percentage of people do not have dental insurance and cannot afford dental care. People also likely do not understand that poor dental health can lead to other, more serious medical issues. – Community Leader (McDowell County)

Very few young dentists moving into the community. – Community Leader (McDowell County)

Community Focus

This is not seen as important by some people. Lack of affordable dental insurance/ dental care and possible transportation. – Community Leader (McDowell County)

Transportation

Transportation to services. – Other Health Provider (McDowell County)

Infant and Child Health

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Specific Agencies/Programs

WIC. – Public Health Representative (McDowell County)
WIC Program. – Other Health Provider (McDowell County)

Health Department

Home visitation programs through the health department for first-time moms considered “at risk” and the presence of school nurses can positively influence infant and child health. Having a pediatric medical practice in the county is also a plus. – Community Leader (McDowell County)

Awareness/Education

The Community College has an excellent Early Childhood Education program and many of the childcare facilities require their teachers to become certified through the college program. This program emphasizes the importance of infant and child health and gives some practical ways to ensure that children stay safe. – Community Leader (McDowell County)

Collaborative Efforts

Strong value for children’s health, many churches and faith community willing to support. – Community Leader (McDowell County)

Recognition Of The Problem

More emphasis on prenatal health, health coalition. – Other Health Provider (McDowell County)

Affordable Care/Services

Federal programs for low income individuals. – Community Leader (McDowell County)

Outreach Programs

I believe the Hospital is reaching out to help with newborns and places resources in the schools to help with the children. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Access to Care/Services

Need resources for existing providers, need support to meet the state requirements for childcare, need more support from schools to address child health. – Community Leader (McDowell County)

Awareness/Education

More parenting classes need to be offered because parents do not know how to keep their children safe and healthy. – Community Leader (McDowell County)

Funding

Lack of financial support at the state and local level prevent the expansion of health department and school health services. – Community Leader (McDowell County)
Funding. – Community Leader (McDowell County)

Socioeconomic Factors

The low-income sector of the population does not see the need or does not want to address it. – Community Leader

(McDowell County)

Racism, lack of childcare centers. – Other Health Provider (McDowell County)

Nothing

Not sure. – Community Leader (McDowell County)

Affordable Care/Services

Lack of low-cost dental insurance. – Other Health Provider (McDowell County)

Limited affordable childcare options for working parents; Limited preschool options. – Public Health Representative (McDowell County)

Immunizations and Infectious Diseases

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Awareness/Education

There has been a lot of education of the need for immunizations, which are required for students entering public schools. – Community Leader (McDowell County)

Health Department

Health department educational and immunization services. – Other Health Provider (McDowell County)

Affordable Care/Services

Discounted or free immunizations available to community through health department. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Cultural/Personal Beliefs

People choosing not to immunize their child(ren). Some base their decision on false information from several years ago that has been disproven with research. Lack of education, especially in the short and long-term complications of some of the more serious diseases that could be prevented with immunizations. – Community Leader (McDowell County)

With more students being home schooled, the potential for children not to be immunized is a real threat to their health and to the public's health. – Community Leader (McDowell County)

Transportation

Transportation to those services. – Other Health Provider (McDowell County)

Affordable Care/Services

Individuals knowledge of costs, what immunizations they need and how to get them. – Community Leader (McDowell County)

Injury and Violence

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in

your community?”

Effective Law Enforcement

Engaged and caring police department and sheriff's offices. – Public Health Representative (McDowell County)

Collaborative Efforts

Community collaborations with local law enforcement dealing with violence issues. Injury prevention programming through the local senior center and YMCA. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Alcohol/Drug Abuse

Substance abuse, alcohol, domestic violence. – Community Leader (McDowell County)

Violence is impacted by substance abuse issues. – Community Leader (McDowell County)

Family Planning

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

Health Department

Health department services. – Other Health Provider (McDowell County)

Awareness/Education

Education and birth control through the health center. – Other Health Provider (McDowell County)

Nothing/No Progress

Very few resources that are in the community that are well-known. – Community Leader (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Denial/Stigma

Stigma around seeking birth control for young people. Lack of education around the need to use birth control consistently unless you want to have a child. – Other Health Provider (McDowell County)

Transportation

Transportation to services. – Other Health Provider (McDowell County)

Sexually Transmitted Infections

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in

your community?”

Awareness/Education

Education through the health center. – Other Health Provider (McDowell County)

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Awareness/Education

Lack of understanding around the prevalence of STD's and the seriousness of getting one. – Other Health Provider (McDowell County)

Lack of Prevention in Schools

Lack of comprehensive sexual education in schools. – Other Health Provider (McDowell County)

Hearing and Vision Conditions

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this issue in your community?”

Affordable Care/Services

Lack of affordable hearing and vision care, even for those with insurance. – Other Health Provider (McDowell County)

Insurance Issues

Not standard coverage on most insurance so it is not affordable to get hearing and vision checks or related procedures. – Community Leader (McDowell County)

HIV/AIDS

Contributors to Progress

Those identifying this as a critical issue were asked: “What is contributing to progress on this issue in your community?”

No comments

Impediments of Progress

Those identifying this as a critical issue were asked: “What is getting in the way of progress on this

issue in your community?"

No comments

Additional Comments

Other issues uncovered through the online key informant survey include the following:

Substance Abuse

| Substance abuse. – Other Health Provider (McDowell County)

Early Childhood Education

| Early childhood education. – Other Health Provider (McDowell County)

Resources Need to be Accessible to All

| Health equity. – Insuring that services and resources are accessible and equitable to all, including priority populations, & that all individuals' and groups' voices can be heard. – Public Health Representative (McDowell County)